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INSANITY AND THE NURSING OF THE INSANE

During the early dawn of human history, insanity was regarded as of divine origin, and its treatment was confided to the priests, who, as a rule, treated those so afflicted with kindness and consideration.

In the fifth century B. C., for a period known as the Hippocratic period, there were enlightened views of insanity, owing to the wise and advanced teaching of Hippocrates, justly designated "the Father of Medicine." He first recognized the true nature of mental disorder, viz., that it is only a manifestation of actual bodily disease, the brain being the part affected, and laid down rules for the humane and rational treatment of those mentally afflicted.

The world, however, was entirely unprepared to follow the course advocated by Hippocrates, and from the commencement of the Christian era down to nearly the beginning of the past century, there was a return to primitive superstition, but with this great difference—insanity was no longer looked upon as of divine origin, but regarded as due to demoniacal possession. In consequence, lunatics were almost universally treated in the most brutal and barbarous way.

It is only during the last century that insanity has again come to be recognized as a bodily disease, or that rational treatment of it has been practised. In fact, during the past seventy years the advance in the care and treatment of the insane has been greater than for two thousand years previously.

Among the advances made in recent times, not the least has been the nursing of the insane, or, as it is now often termed, mental nursing. The problem of the proper nursing of this deeply afflicted class arose with Pinel and Tuke in 1791. For many years after their time, however, it was doubted by the majority of alienists, whether the humane and sympathetic service required for the insane would ever be gained unless it were prompted by a purely religious spirit.

Mental nursing proper, though said to date back over seventy years, that is, even prior to the development of the nursing of physical ailments, nevertheless received no great attention until the period from 1880 to 1885, during which years the movement to establish training schools for mental nurses, as well as emphasize the general hospital idea in asylum work, was successfully inaugurated by Dr. Edward Cowles, of the McLean Asylum, at Somerville, Mass. Since then, the movement has grown so

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largely that to-day, the mental nurse differs as much from the keeper of fifty years ago, as does the sick nurse of the present time from the "Sairey Gamp" of the immortal Dickens.

As a rule, the nurse trained only in general hospital work does not take kindly to the care of the insane. There seems to her to be little to do for a patient who has no appreciable bodily ailment, and so she is prone to think that the work is not calculated to call into activity the highest qualities of the nursing profession. Never was greater mistake. In the whole category of ills that flesh is heir to, there is no disease that requires more skilful and careful nursing than mental disease. Patience, tact, watchfulness, courage, fertility of resource, forbearance under the severest provocation, ability to assert authority without violence and to command the affection as well as the respect of a patient, presence of mind and judgment in emergencies, capacity to carry out intelligently the details of treatment as directed by the physician—all these qualities are required for the proper care of the insane in even a much higher degree than for those only afflicted physically.

Some of you may feel disposed to dispute this. Take, however, for example, the matter of nutrition, and you will see at once how much greater an importance it assumes, when the object of your care is insane instead of sane. In the case of the latter, your patient is anxious to assist your efforts for his comfort, to meet you half way in all measures for his care—lack or capriciousness of appetite is all you will have to contend against. In other words, the sane patient, as a general rule, appreciates his condition, is anxious to get well, and helps all he can in any treatment that may be prescribed for him. Not so with the insane. Here, while there may still be lack or capriciousness of appetite, we may have added thereto absolute refusal of food, or even actual opposition to all efforts to induce the patient to eat. This, mayhap, from fear of being poisoned, an idea that he does not need to eat to sustain life, or a desire to commit suicide by starving himself to death. But, whatever the reason for the refusal of food, there is no disposition on his part to meet you half way, no effort to assist in any measures devised for his comfort or cure.

There is thus, as you can easily see, a vast difference between the two forms of nursing, a difference thus aptly illustrated by Dr. Cowles in one of his reports on the McLean Training School: "A nurse of large experience in mental nursing, after a term of service in a general hospital, was asked what the difference was between the two kinds of nursing. She answered: 'In a general hospital, the patient must please the nurse; with the insane the nurse must please the patient.'"

Were I asked what, in my opinion, would constitute the ideal trained nurse, I would, without hesitation, say: A thorough course of training in a hospital for the insane, followed by the regular hospital course.

As a rule, the insane can be much better cared for in institutions devoted exclusively to the treatment of mental disorders

than at home, but there are times when removal to such an establishment is for some reason deemed inadvisable. Consequently, cases of insanity are liable, now and again, to be amongst those of which the ordinary sick nurse is asked to take charge. For this reason it is advisable that she should add at least some knowledge of mental nursing to her repertoire of accomplishments, a task in which I feel honored by having been asked to assist you.

To render intelligible what I have to say about the nursing of the insane, let me first devote a brief space to telling you something about what insanity is, and the forms of the disease most frequently met with.

The fundamental principle of a mental nurse's education must be the fact that insanity is a disease; that insane acts and ideas as surely spring from a morbid condition of the brain as a bilious attack springs from a morbid condition of the liver. It is hard to realize that it is possible for a person seemingly well and strong, able to eat three square meals a day, and capable of moving vigorously about, to be sick, as is really the case with the insane, and yet it is all-important that this fact should never be lost sight of. Very often the victims of disordered mind imagine that their best friends are their worst enemies, and frequently, under the influence of insanity, the most kindly and refined ladies become notoriously obscene, lewd, and irritating. Not rarely, too, we come across patients who, let the nurse be ever so kind, will persist in formulating charges of neglect, inattention, and even cruelty against her. To bear such charges with equanimity, knowing them to be utterly baseless, is one of the hardest tasks imposed upon the mental nurse. It is only by the full recognition of the fact that such patients are sick and not answerable for what they say that this can be done. It takes a hard struggle, I grant you, to keep down the "old Adam," innate in us all, under such circumstances. It must be done, however, if you are to have any success in the care of the insane. Perhaps it may help you in the struggle if you will put it to yourselves in this light: I would never dream of taking to heart any of the absurd things said by a delirious fever patient, why then should I feel aggrieved at the remarks of an unfortunate lunatic, who is equally sick and equally irresponsible for what he may say?

The general term "insanity" embraces a number of forms of mental disorder, and the question of an accurate definition of it has been much puzzled over. Even yet, alienists are not agreed upon one that will embrace all those who are insane, and exclude all those who are sane. Perhaps the simplest definition, and one as good as any, is that which defines it to be a prolonged departure from an individual's normal standard of thinking, feeling and acting.

As to the forms of the disease, I need only say that it will commonly present itself to you in one of four aspects. There will be a departure from the normal condition either in the direction of depression, of exaltation, of enfeeblement, or of

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perversion. These constitute the four great forms of mental disorder to which the technical names melancholia, mania, dementia, and paranoia have been applied.

That a nurse's duty must differ greatly in the different forms of insanity will be obvious. If the patient be depressed, her manner should be brisk, and her conversation lively and pleasant though not flippant. If, on the other hand, the patient be maniacal, it will be her duty to soothe, moderate, and restrain, for which purpose her demeanor should be quiet and deliberate, her speech subdued. Even the most apparently demented patient must be treated with friendliness and politeness, because stupidity is often only an appearance, and experience shows that such patients are sometimes receptive of impressions and influences from minds stronger and clearer than their own, as well as from the surroundings which such minds create for them. Remember, too, that although they do not always show it, the insane have likes and dislikes, often very strong ones, the same as the sane. They are often extremely sensitive to rude or unkind treatment, and, on the other hand, they are very grateful for favors or kindness. The nurse who has the patience and tact to take advantage of these facts can obtain a great influence over a patient—an influence which may be made a powerful factor in his restoration to health. In all cases, her main object should be to gain the confidence of her charge. Let her do this, and she will have much more comfort and ease in her attendance upon him, and much more success in carrying out any indicated line of treatment.

Among the insane, just as among the sane, the mental condition is very greatly affected by the state of the body, and anything that tends to promote the bodily welfare has a beneficial influence in promoting mental health. Hence in all cases, but especially in those where the mental condition is such that the patient cannot take proper care of himself, everything possible should be done by the nurse to preserve and improve the bodily health. Your hospital training will have taught you the necessity for good ventilation, cleanliness, warmth, nourishing food, and attention to the proper discharge of the various bodily functions. I shall, therefore, pass over these points, merely warning you that sanitary surroundings are very apt to be neglected in the case of the insane, though they are just as necessary to their well-being as to that of any other sick patient.

In the care of the insane, the nurse is an even more important agent than in the care of those only physically ill, not only because she is the immediate agent to carry into effect the prescribed treatment, but because she is the one upon whom the doctor must depend for the bulk of his information. Her relations with the patient are of the most intimate nature, and, having him under constant observation, she, better than anyone else, can learn all the subtleties of his mental state, and so, if observant, can add much to the physician's knowledge of the case, and in this way do much to help toward a cure.

As regards a patient's delusions, and your behavior with reference to them. My advice to you is to avoid them as much

as possible, but never to admit their truth. One is apt to think that to humor a patient by acquiescence in them will help to make things go along easily. This is very far from being the case. To appear to admit, either specifically or by your conduct, that delusion is truth, will eventually lead to your confusion. Let us suppose, for example, that the patient imagines himself to possess superhuman strength, and you humor him by assenting. Shortly after you have to give him a dose of medicine, and he objects to taking it. Inspired by his delusion that he is stronger than you, in which you have coincided, he will resist taking the dose, and your trouble will begin. Nor is it wise, on the other hand, to ridicule or needlessly contradict his erroneous ideas, for neither ridicule, contradiction, nor argument will convince him of his error. Ignore delusions if possible, but, if they are forced upon you, say kindly, but plainly and firmly, that you cannot agree with him, and you think the patient must be mistaken. Let the matter rest there, and on no account allow yourself to be drawn into an argument. Instead, try to divert your patient's mind with other thoughts by getting him, if possible, to engage in some amusement or occupation.

Patients with delusions of suspicion demand special care, and with such, a nurse must be doubly careful as regards her manner and conduct. If these be frank and open, natural and unembarrassed, they will go far toward allaying suspicion. If, on the contrary, the nurse has an insincere look, avoids her patient's eyes, is given to whisperings aside, or mysterious movements, she need not wonder if the distrust of her charge be excited, and he sets her down as a fellow-conspirator against his life or property. With such a patient, always be sure that it is made perfectly plain to him at the outset, that you are a nurse, and he is a patient; that you are there because he is sick, and you have been engaged to take care of him; let there be no deception as to your relations one to the other, or as to the meaning of your presence.

An important point in the management of the insane is never to manifest fear of a patient. If you have any such you should carefully conceal it in his presence. Lunatics are very quick to detect evidences of such weakness, and to take advantage of it, while for one who, though always kind, is cool and self-possessed, showing no signs of timidity, they have a very wholesome respect.

It is a common characteristic of insanity to show itself most prominently in an entire change in the natural feelings and affections. Those whom a man has loved and trusted most dearly, while he was in health, are the very ones toward whom he shows the greatest dislike and distrust, when his reason is overthrown. This peculiarity forms one of the strongest reasons for sending insane patients to asylums, because continued contact with relatives or friends who have become objects of suspicion or dislike is not conducive to recovery. If a patient is to be treated at home, the physician should make it a condition that his friends shall abstain from seeing him, and the wisdom of withholding from his sight all those who might excite or

irritate him would seem evident to the common sense of anyone. Unfortunately, however, the relatives of insane persons do not appear to be blessed with much of this quality, and, consequently, one of a nurse's duties, and one of her hardest tasks, may be to enforce the doctor's orders in this respect. Friends will appeal to you, coax you, even try to bribe you, to ignore your instructions and let them see the patient. Of course you must, for both your own and your patient's sake, refuse them courteously, but with a firmness that will admit of no appeal. Baffled in this, they may want you to speak to the patient on some subject for them, or to ask him some question. In this also your refusal should be definite but polite. Make your reports to the family as regards your patient's condition as encouraging as you fairly can, but avoid description of his behavior or repetition of his remarks. Above all, never let the patient's friends tempt you to express an opinion as to his prospects of recovery; refer them to the doctor in whose province alone it is to answer such questions.

When friends are admitted to see a patient, regulate their conduct, so far as you can, by precept and example, deprecating any display of emotion, or aught that is calculated to excite or depress him. Be careful that nothing is said even in the case of the dullest of patients, that it is not advisable he should hear. If anything has to be said about him, let it be said aloud, not in a whisper, because all lunatics are prone to be suspicious. It is far better, however, that anything of the kind should be communicated outside the sick-room.

Another thing that the nurse should always bear in mind is this—the insane utterances of her patient, no matter how droll or strange they may be, must be regarded as confidential disclosures, and never repeated. The skeleton that is said to exist in every household is very apt to be unveiled in the ravings of madness; and it is quite possible that secrets may be revealed, which your charge, while in health, saw fit to keep from even those nearest and dearest to him. In such cases, the thoughtless repetition of what may have appeared to you to be only a senseless fancy, might be the cause of grave annoyance, or worse, to the patient's family and friends, or to the patient himself should he recover. The law which forbids a doctor to disclose any information gained whilst acting in a professional capacity, applies with equal force to the nurse. The only exception to your silence, which your position as nurse imposes on you, must be in favor of the attending physician. To him the patient's sayings should be freely known, because in them he may find some clue to the cause of the mental trouble, or some warning of a danger, such as suicide, to be guarded against.

(To be continued.)

NEW METHODS IN SURGICAL NURSING.

The successful efforts of many of our eminent surgeons to modify the severity and to lessen the harshness of surgical procedures, to prevent the depressing effects of operations, and to bring about a more speedy and comfortable convalescence for their patients, has introduced many changes in the nursing of surgical cases.

First we will consider the simplifying of the preparation for operation. Almost universally, the patients are now admitted to the hospital the day preceding the operation, and, indeed, many the morning of the day of operation, and the usual routine is now about as follows:

The admission and morning bath.
Castor oil, 1 ounce to be given not later than 8 p.m.
Soap suds enema in the morning.
Diet—Liquids without milk until midnight.
Water encouraged until within 3 hours preceding the operation.

Dr. Dudley P. Allen, observing the very excellent results obtained in the treatment of emergency cases where preparation had to be made in the operating-room only, introduced this very simple method at Lakeside Hospital.

After about three years' experience the results would seem to be, from the standpoint of the nurse, as follows: Aseptic healing of wounds has not been interfered with; the period of anxiety regarding the operation has been shortened; the physical discomforts of the preparation have been very much lessened, and the mental effect of so little having to be done for them in the way of preparation for the dreaded operation, has been excellent.

Anaesthetizing.

For the administering of ether—the drop method is now almost universally used. This method, from the standpoint of the nurse, is neater, more gentle, and the results obtained are better in every way; the patient struggles less, if at all, and on one of our surgical services the tongue forceps and the mouth gag have not been used for over a year. The nurses on the wards tell me that the patients regain consciousness more quickly—there is much less nausea and vomiting, and the mouth is in a better condition. The thirst is not so great, and in every way the patient is more comfortable.

Much has been said by the medical profession in regard to the desirability of improving the methods of anaesthetizing. They have suggested that graduate nurses are better fitted for administering anaesthetics than the average young physician, who is apt to be more interested in the details of the operation.

About two years ago, Dr. George W. Crile decided to give the matter very careful consideration and trial in connection with his service in the hospital. A graduate nurse was employed and the following detail carried out as near as possible:

On the ward the operation is discussed with the patient (if at all) as little as possible.

The Anaesthetist.

That the patient will not meet a perfect stranger on the morning of the operation, the anaesthetist visits the patient, and, if it is consistent with the requirements of the case, she explains to the patient that she will give the anaesthetic, her remarks suggesting that he will sleep rather than go under the influence of the drug.

Before going to the operating-room, a hypodermic injection of morphine, gr. 1-6 and atropine, gr. 1-150 is given.

The anaesthetic-room, where absolute silence prevails, is so arranged that there is nothing for the patient to see in the way of preparation except the anaesthetist, who endeavors to engage the patient in conversation in regard to going to sleep rather than to the taking of an anaesthetic. With a little explanation, the patient is instructed to close the eyes, which are then covered with a thin layer of absorbent cotton, over which is placed a piece of thin rubber tissue. The throat is then sprayed with albolene, and the lips are smeared thickly with cold cream. The anaesthetist, using a Schummelbuch folding mask, covered with six thicknesses of gauze, begins to give the ether drop by drop, at the same time making suggestions regarding sleep to her patient.

Careful attention to the details mentioned have brought excellent results, and would suggest that a carefully selected graduate nurse can be a successful anaesthetist. However, it is well to remember that her duties make a severe demand upon her, the nervous strain is very great, and the position of anaesthetist to a hospital must of necessity be filled by a nurse who is not only skilled in her work, but whose manner is gracious, bringing to the patient and to the operating pavilion helpful and interested services

Fowler's Position.

Fowler's position is used immediately after operation, in many cases for the purpose of obtaining better drainage. It also, to some extent, relieves nausea and enables the patient to breathe with greater ease. This position requires a special spcial cradle, and from 5 to 7 pillows. The modified Fowler's position requires from 3 to 4 pillows, and is also used extensively.

Prevention of Pneumonia.

Pneumonia following operation is now almost a complication of the past. Some of the precautions taken to prevent its occurrence are as follows: Careful technique for the administration of anaesthetics, in every way lessening the exposure of the patient from the admission to the hospital to assured convalescence. By this we mean that the patient should be warmly clad, particularly while being conveyed to and from the operating pavilion. While in the operating-room every care should be taken not to expose the patient and to keep the skin dry and warm. For warmly clothing we use a comfortable pneumonia jacket, fitting well up around the shoulders and neck, a laparotomy jacket, and long laparotomy stockings, as well as a generous use of blankets and a flannelette nightingale to protect

the head. The pneumonia jacket is worn until convalescence is established.

Murphy Infusion or Saline Per Rectum.

This method is rapidly taking the place of saline subcutaneously as its merits become better known. The chances of infection or burns are lessened and cause less discomfort to the patient. The necessary articles for carrying out this treatment are as follows: A standard, irrigating can, rubber tube, rubber catheter, glass connecting tips, clamp, and the new device for the drop method, which enables us to see exactly just how fast the solution is being absorbed. The new device consists of the glass part of a medicine dropper, fitted into the rubber cork of a glass syringe, from which the piston has been removed. The flow is regulated by the use of the clamp above it. One drop to the second is about as fast as the patient can absorb it, but if the solution is not being absorbed, it will rise in the tubing and show below the dropper. Sterile normal saline is the solution used, and the entire apparatus is boiled and kept in a sterile towel previous to using. The solution should be kept at about 100 degrees. This is easily done by filling a glass bottle (sterile) with boiling water and setting it inside the can. Usually after 24-48 hours the patient is able to drink plenty of water and the infusion is discontinued.

Early Feeding.

Many of our surgical cases are now encouraged to eat a light meal as soon as the condition of the stomach will permit, the theory advanced being that the play of the muscles of mastication start into activity the entire system of digestion and aid in restoring the general normal condition. Where slight nausea or a distaste for food continues, chewing of gum is required.

Fresh Air Treatment.

This treatment is now the most extensively used for almost all cases, many patients being ordered to stay out of doors all the time; others to remain out of doors for an hour twice or three times a day, and occasionally even patients on the danger list are kept on the balcony a greater part of the time. To carry out this treatment successfully we require wide, generous balconies, wheel beds, bed trucks, wheel chairs, and comfortable lounging chairs, also an almost unlimited supply of extra blankets, hot water bottles, pillows, and clean linen. Orderlies are also required to convey the patients back and forth. As the treatment is now used for very sick patients, it will not be very long before open air wards, with partial equipment, will be required, where nurses can be detailed to duty in the same way as in other wards of the hospital. The chief results from the fresh air treatment are as follows: Patients seem to be benefited in a general way by the change of environment, the appetite is improved, the patient sleeps better, and the mental effect is excellent.

Massage.

Soon after the operation general massage is now frequently

ordered, the passive and resistive movements being chiefly used, the object of the treatment being to prevent the loss of muscle tone. Reports from the nurses in regard to the use of massage after operations are that the patients seem much benefited in a general way, the loss of weight is not so great, and the patients are stronger by the time they are permitted to sit up or leave their beds.

Large Moist Dressings.

These dressings are used in bad pus cases, where a large surface must be kept hot and moist. Large pieces of flannelette about 1½ yards square are required. These are folded to cover the surface, put in a stupe wringer, and boiled in water or some disinfectant solution, are wrung out, and placed over the part, not removing the gauze directly over the wound. This is all covered with oil silk or muslin and then with hot water bags, and finally the bandage or dry pad. The response to this dressing is rapid. The inflammation subsides quickly. The pain is relieved and the drainage is increased.

Bier Treatment.

This treatment is practically carried out by the nurses and calls for the Bier apparatus, which principally consists of rubber bandages and suction cups.

Lumbar Puncture.

As an aid to diagnosis and sometimes for therapeutic measures, a lumbar puncture is done upon many of our surgical patients. The nurse's duties in regard to lumbar punctures is to prepare aceptically as for a minor operation, including the preparation of the skin, the only addition being lumbar puncture needles and aseptic test tubes. The lumbar puncture is always charted.

Hemolysis.

Hemolysis is also used diagnostically on many of our surgical patients. This requires about the same preparation as the lumbar puncture, including the test tubes and a special sterilized needle.

The general results of the new methods of surgical nursing would seem to be that the patients make a better, quicker, and more comfortable convalescence; that they leave the hospital in much better physical condition than they did some years ago.

A short time ago a very intelligent patient who had recovered from a major operation said: "Of course, I had to have the operation, but the wonderful part of it to me has been the comfort and the kindliness of it all. With the exception of the first three days I have had a very nice time."

Before leaving our subject, it would seem well for us as nurses to note how enormously the new methods have added to the every-day duties of the nurses, as well as to the amount of careful detail that calls upon her for the greatest attention to accuracy. It would also be well for us to recognize how tremendously it has all added to the general expense of the

hospitals. Not only do the new methods require all the things mentioned, but their intelligent application, yet the hospital responds eagerly to assist in the advancement of all things pertaining to the relief of suffering mankind.

Elizabeth E. Ellis.

The Lakeside Hospital, Cleveland.

THE VISITING NURSE.

Perhaps in no way is the Nursing Profession making as much progress, coming so essentially into touch with the spirit of the time, as in the work of Visiting Nursing, and yet, surely, in no way do we come closer to the work in which trained nursing had its beginning—the house-to-house nursing done in the little village of Kaiserwerth.

To-day the work of the Visiting Nurse is so varied in its scope, the conditions under which it is carried on differ so greatly that it seemed better to make this paper broad in outlook rather than complete in detail—an outline of what is being done in many places, rather than a full and statistical account of Visiting Nursing in any one place. Accordingly, information was sought from the leading cities in England, Scotland and the United States, as well as in Canada, and reports, etc., procured from Municipal Associations, such as Boards of Health and the Societies of Organized Charity, as well as from Visiting Nurse Associations. In considering such reports, it is needful to remember that, in addition, there is much work done by isolated workers, such as parish nurses, etc., the record of which is not found in any report, but which is, nevertheless, valuable and interesting work.

Visiting or District Nursing in England.

In the aims of the Society of St. John's House, founded in London in 1848, we find the first mention of trained nurses working "among the poor in their own homes." But organized district nursing began in the years 1859-1862, in Liverpool, when it was systematically established by Mr. Wm. Rathbone. Such was the success of his work that a few years later we find Liverpool divided for this purpose into eighteen district, each with its own nurse. In 1868 the first society was organized in London; this was the East London Nursing Society. In 1874 the Metropolitan and National Society was established, and by its high social and educational demand raised the standard of nurses employed in district work. Associations for District Nursing and Training Homes were established in many of the towns and cities of Great Britain. Then, in 1889, came that great event in the annals of English district nursing, the founding of Queen Victoria's Jubilee Institute for Nurses, the object of the Institute being "the training, support and maintenance of women

to act as nurses for the sick poor'' in their own homes—in other words, the larger development of district nursing. Taking the Metropolitan and District Nursing Association as its nucleus, it affiliated with itself the majority of associations then existing, and has since been instrumental in establishing affiliated ''District Nursing Associations'' and ''County Nursing Associations'' all over the United Kingdom. The work in England, Wales and Ireland is directly under the Central Council; Scotland has a Council of her own, which conducts the training and inspection of the Scottish nurses. A Queen's nurse must hold a certificate of three years' training in hospitals approved by the Institute, in addition to which she must have had six months' training in district work in one of the affiliated Homes. She is required to sign an agreement to serve the Institute for a certain period of time—wherever it requires her to go. After her name is entered on the Queen's Roll she must only work for an association affiliated with the Institute. The cost of a Queen's nurse is from £85 to £100 a year. The nurse receives a salary of £30 to £36 a year, and her uniform, board, lodging and laundry. A Queen's probationer receives £25 a year. Uniform includes outdoor as well as indoor clothing, and a small allowance for boots. In towns where there is more than one nurse the nurses live together, and where there are a number of nurses there is a regular Home under the charge of a superintendent. The hours for work are eight hours daily except on Sunday, when only the most urgent cases are visited. A half-day is to be given at least once a fortnight and a month's holiday each year. The hours for work vary somewhat in the different associations. As example of large district Nursing Associations working in affiliation with the Queen's Institute, the Liverpool and Birmingham Associations may be considered. In Liverpool there are fifty-two nurses and five superintendents—of the fifty-two about forty are Queen's nurses, the remainder being Queen's probationers—that is to say, fully-qualified nurses taking their district training. All classes of work are taken except contagious cases, midwifery and night work. The nurses average fifteen visits a day. They go on duty from 8.30 a.m. to 1 p.m. and from 5 p.m. to 8.30. The report states that this arrangement is made ''in order that the patients may be made comfortable for the night.'' There is a separate ''pay-staff'' doing ''visiting nursing.'' Here I may say that in English use there is this distinction in the terms ''district'' and ''visiting''—the former term denotes unpaid nursing, the latter term being used when some remuneration is given; in Liverpool the fees are quoted as being from 7s. 6d. to £1 per week. The Liverpool Association also does school work. During 1907 over 70,000 dressings were done in the schools and 270 children visited daily. The annual report emphasizes the value of the district nurse in teaching ''cooking and cleanliness'' in the homes of the poor, and the Medical Health Officer is quoted as saying ''that the district nursing staff is a valuable accessory to public health work.''

In Birmingham there are two superintendents and twenty nurses. Night work is occasionally done; otherwise the class of work is the same as in Liverpool. No school nursing is done.

One of the homes has recently been organized as a training centre for the Jubilee Institute. The average number of visits is fifteen to twenty daily. Some of the nurses employed are not Queen's nurses or Queen's probationers, but all have had three years' previous training.

In Bolton there are eleven Queen's nurses and one Queen's probationer. All classes of cases are taken except scarlet fever, measles and smallpox. Average visits, eleven daily.

On January 1st, 1908, there were 1,537 Queen's nurses on the roll. The County Nursing Associations previously referred to employ village nurses—these are women having had at least nine months' training, preferably twelve, and holding the certificate of the Central Midwives' Board. The majority receive their district training at the Plaistow Home, where the training of village nurses is systematized and carried on under the supervision of the Institute. They work afterwards in rural districts where it is not possible to employ a Queen's nurse. They are under the supervision of a County Superintendent. Their cost is from £45 to £60 a year. There are at present 540 village nurses working in the county districts of England. The eighteenth annual report of the Institute calls attention to the increasing responsibility of the Institute in qualifying their nurses for new developments in their work; these are midwifery, school nursing, and work for the newly established Health Societies. One learns from the same report that under the Workman's Compensation Act the various associations are liable to pay compensation to the district nurse for any injury or accident received in the course of her employment. Many of the associations require their nurses to take out policies in the Royal National Nurses' Pension Fund, and then supplement these policies.

In parts of Ireland where poverty is too great to admit of the formation of local associations, there are nurses provided by the Institute and supported by special funds, such as the Lady Dudley fund.

School Nurses.

Reference has been made to the fact that school nursing is done by some of the associations affiliated to the Institute. In London, and, I think, quite recently in one or two other places, this work is carried on by the municipal authorities. The London County Council employs a number of visiting school nurses, all having a three years' certificate; preference is given to nurses who have also had experience in district work.

Sanitary Inspectors.

Twenty-one of the twenty-eight municipal corporations in London employ women as sanitary inspectors and health visitors, amounting in all to forty in number. The duties of these lady

inspectors vary in the different boroughs, but include the inspection of factories, workshops, laundries and restaurants employing female labor, of houses where rooms are let to lodgers, and of the homes of out-workers in factories, laundries, etc. These inspectors are also to visit the homes of children about to be discharged from isolation hospitals and houses where births have recently occurred, and they are to carry on the investigation of infantile mortality and of cases of puerperal fever, and to work for the prevention of tuberculosis.

When we remember that there are only forty lady inspectors in a city having a population of over four and a half millions, we can appreciate the great importance of the fact that the London County Council has recently obtained legislation authorizing the appointment of health visitors to work with the sanitary inspectors. No direct statement that these health visitors are to be nurses was made, but the information concerning both them and the inspectors was given in reply to a question as to whether visiting nurses were employed by the municipal health authorities. It seems obvious that the duties of these inspectors and visitors could only be carried on by doctors or nurses.

Health Societies.

Many of the various health societies which have recently been widely established in Great Britain are employing visiting nurses to work in the campaign against tuberculosis.

Finally, in addition to the nurses working with the various agencies which have been mentioned (as has been previously stated), there are always a number of private visiting nurses working for churches or individuals, about whose work it is impossible to obtain any statistics.

Visiting Nursing in the United States.

When one turns from the consideration of the work of the visiting nurse in Great Britain to the consideration of such work in the United States, one is confronted with a much more difficult problem. This is due, first of all, to the fact that the non-existence of any great national centralizing organization, such as the Jubilee Institute, makes it necessary to consider different cities or communities as separate units and not as integral parts of a great whole. Then in any one of these different cities or communities one may find several visiting nursing associations, and other societies employing visiting nurses; also the work done by visiting nurses is usually much wider in its scope than in Great Britain. For these reasons, it seems necessary to consider the work done in a number of cities differing in location, size and importance.

Detroit, Philadelphia, Washington may be classed together, because in each of these cities there is only one visiting nursing association; in each the nurses live together in a home, and the salaries paid are about the same, $25 to $35 per month.

Detroit has seven nurses and a superintendent; one of the nurses does school work and one tuberculosis work only; the others do general work. The nurses are supplied with their outdoor uniform. They average six to eight visits per day and are on duty seven hours. Sunday work is "at the discretion of the superintendent." Night work is only done in rare cases, and usually by special emergency nurses. The "tuberculosis nurse" works in connection with the recently established tuberculosis clinic. The school nurse during the year visited 1,303 children, besides paying over 300 visits of investigation. She did 2,832 dressings. Her work was so successful that it has been taken over by the Board of Health, who will have four school nurses. The work of instructing young mothers in the care of their infants—sick or well—is also carried on by the visiting nurses, and the association hopes to have one of its nurses co-operate in the work with juvenile delinquents.

In Philadelphia there are twenty-two visiting nurses and a superintendent; one of the nurses is an undergraduate from a training school in Virginia. For four years one of the nurses had done school nursing. A year ago the society increased the number of school nurses to four and notified the Boards of Health and Education that these nurses would be withdrawn at the end of December. As a result, in January, 1908, the city authorities appointed a supervising school nurse with five assistants. Since last August one nurse has done tuberculosis work only, a day nursery is visited by another. Work in settlements is also done, and one nurse does work in connection with a milk station in the Italian quarter. A special night nurse fund provides nurses for critical cases. Hours on duty are eight and a half daily, with a half day off each week and as much time on Sundays "as can conscientiously be taken" after caring for acute cases. A nurse pays from seven to twelve visits daily.

Washington has a staff of ten nurses and a superintendent; the society is called the Instructive Visiting Nurse Society, and its object is stated to be "to provide trained nurses to visit and nurse the poor in their homes and to instruct them in the care of their sick." One nurse does tuberculosis work. The nurses have the same sub-offices as the agents of the Associated Charities and co-operate with them.

In Cleveland also there is only one visiting nurses' association, but the nurses live where they choose; they receive from $50 to $75 per month, collars, cuffs, aprons and outdoor uniform. They are on duty eight hours daily, have a half day off weekly, and pay visits on Sunday only to acute cases. Three nurses work in connection with the tuberculosis dispensary, three in connection with the babies' dispensary, one in a factory, two are connected with the Lakeside Hospital, and one with a maternity dispensary, one does cripple-school and relief work; the remainder do regular district nursing. There are no school nurses in Cleveland.

In Baltimore there is also only one visiting nursing association, which employs forty graduate nurses. In 1907 they attended 1,600 obstetrical and 1,200 tuberculous cases. The nurses average twenty visits per day. Night work is only done by special arrangement. From $70 to $85 per month is given, the nurses living where they choose. One car-fare per each case is allowed. There are five school nurses employed by the civic authority.

Buffalo has had a Visiting Nursing Association since 1888; five nurses are employed, salary $50 per month. General work is done; the average number of visits per day is six. A school nurse is employed by the Board of Health.

The Visiting Nursing Association of Denver has a staff of five graduate nurses, augmented by third year pupils from the County Hospital. The graduates receive from $50 to $60 salary a month; hours on duty, eight daily; a half day off is given twice a month; on Sundays the usual rule of emergency calls only holds good; outdoor uniforms are supplied. For a time one nurse did tuberculous work only, but this was not considered as satisfactory as having these patients cared for by the regular district nurse.

The Instructive District Nursing Association of Boston, established in 1886, has at present a staff of sixteen graduates, a superintendent and four undergraduate nurses, and carries on a training school for district nurses. Nine graduate nurses and two pupil nurses from the Massachusetts General Hospital do general visiting nursing; two graduates do tuberculosis work, and three graduates and two pupil-nurses from the Boston Lying-in Hospital do maternity work. One nurse works in the day nurseries of the Neighborhood Houses, and one works in Lowney's factory. Nurses are on duty eight hours daily, but only in exceptional cases on Sundays and holidays. They receive from $45 to $60 a month, and are furnished with uniforms, except waists, collars and aprons. Special nurses are engaged to do night work. Maternity cases are attended only after confinement.

In the Training School for District Nurses, under the supervision of Miss McLeod, late of the Victorian Order, there are at present ten nurses. A course of four months' instruction and experience in district nursing is given; nurses receive board and lodging, but no salary. School nursing was formerly carried on by the association, and resulted in the appointment, by the civic authorities, of thirty-two school nurses. There are six municipal tuberculosis nurses.

Chicago has one Visiting Nursing Association, with a staff of thirty nurses, who receive from $50 to $85 a month and are obliged to deposit 7 per cent. of their salary. They live where they choose "within reasonable distance of their district." Outdoor uniforms are provided. The nurses are on duty eight hours daily, but "work must be finished"; on Sunday emergency visits only; a half day is given twice a month "when consistent with the work." General work is done, contagious cases being visited "for purposes

of instruction." Besides the regular district nursing, work is done in connection with dispensaries, with the Children's Memorial Hospital, and with the "Baby Tents," supported by the Relief and Aid Society. Each of the twenty-seven districts has its cleaning woman, its day nursery, its social settlement, its probation officer, its relief visitors, its ambulance service, and with all of these the district nurse co-operates. The Chicago District Nursing Association and its superintendent, Miss Harriet Fulmer. are well known for good work and excellent organization.

When we turn to district nursing in New York City, we find that there is no one central association. The New York Board of Health, the Charity Organization Society, the Association for Improving the Condition of the Poor, the Henry Street Settlement, better known as the Nurses' Settlement, and the Presbyterian Hospital, all carry on visiting nursing, and, of course, besides these there are clinic, dispensary and parish nurses and others scattered here and there through the city, working for private individuals or societies. The Board of Health, since September 1st, 1908, is employing 105 nurses. There are at present 81 school nurses. During the past summer the Board of Health provided 60 of the 71 nurses forming the summer corps who worked for the welfare of the babies of New York. These nurses were instructed to visit the mothers of all babies whose birth has been recorded during the spring months, to investigate the care of the baby, to give necessary instruction, and, when required, to refer cases to the proper relief societies. The general work of the Board of Health nurses had this three-fold aim: to investigate, to instruct, and, when necessary, to secure the co-operation of other organizations, such as hospitals, sanitariums, societies of organized charity, etc. The Charity Organization Society of New York employs eight nurses, who do educational and instructive work, actual nursing being the exception and not the rule, the general aim being to teach cleanliness, sanitation and dieteties. The nurses receive from $60 to $75 a month and average from four to ten visits per day. No Sunday work.

The Society for Improving the Condition of the Poor employs seventeen visiting nurses, who at present are doing "four distinct kinds of educational and follow-up work":

First. Two nurses do general nursing among the relief cases of the association.

Second. Three nurses follow up cases of sick babies brought to dispensaries for treatment. They visit each case until the baby is either well, in the hands of a suitable agency, or dead, and teach the mother how to care for the baby, also seeing that the home conditions are not detrimental to its health.

Third. Nine nurses are in charge of the "New York Milk Committee's Infants' Milk Depots and Consultations for Mothers." They visit the homes of the babies, getting milk from the depot.

Fourth. Three "Caroline Rest" maternity nurses visit preg-

nant women for three months before confinement and after confinement until the mother is well and competent to care for the baby. They average fifteen visits to each case—five before and ten after confinement—but in one case fifty-nine visits were made. These cases are all re-visited when the child is a year old.

All these nurses receive $75 a month; they average from seven to nine visits a day; they work under a supervisor of nurses.

The Henry Street or Nurses' Settlement was begun about fifteen years ago by Miss Lilian Wald and another nurse, who established themselves in the "East Side of New York City" to nurse the sick poor in their homes, seriously and adequately, "instruction not being the primary motive." This was, and is, the basic principle of the Settlement visiting nursing. To-day there are about thirty nurses and a system covering a large part of Manhattan, in addition to which all manner of other social work is carried on. All sorts of cases are nursed. In 1907, 52,308 nursing visits and 6,479 convalescent visits were made. A convalescent home on the Hudson is maintained by the Settlement and carried on under the supervision of one of the nurses. Classes in home nursing are held. The nurses live in Settlement houses, and so in comradeship with other social workers. The Settlement was largely instrumental in the establishment of school nurses in New York.

The Visiting Nursing Department of the Presbyterian Hospital is three-fold in its object: First. Educational, for the student nurses. Second. Co-operation with the hospital work. Third. Benefit to the patients from both the nursing and the educational work in the home. It was begun four years ago with one graduate instructor and one pupil-nurse; to-day there are six nurses, one graduate instructor, one graduate nurse doing tuberculosis work, one doing "social" work, and three pupil nurses doing medical and surgical work. The nurses average from nine to twelve visits a day. The graduates board and lodge themselves and receive from $75 a month up, and the pupils are, of course, resident in the School of Nursing. The course in visiting nursing is voluntary and lasts for two months, during which period the nurse has no duties in the hospital, but time for classes and lectures is allowed. The pupils receive this training in their third year.

As is the case with all the regular district nursing societies, there is a loan closet, supplied with linen and sick-room utensils, etc. The benefit of this department, both to the School of Nursing and to the hospital has been great, and much good work has been done not only in the care of the sick, but on the lines of prevention and education.

Pittsburg has six organizations employing visiting nurses, and during the past summer the city employed six nurses to work among the sick babies.

In the Oranges, New Jersey, there are *three* Visiting Nursing Associations, and the Anti-Tuberculosis Committee employs one

visiting nurse. Surely, these are examples of the need of centralization.

The Anti-Tuberculosis Societies in many places are employing visiting nurses, as are different branches of the Red Cross Society since this society has recently taken up the anti-tuberculosis campaign.

So in all these cities, by these and other agencies the work is going on—progressing in amount—increasing its sphere, extending from one land to another.

Visiting Nursing in France.

Only to-day I saw in the *American Journal of Nursing* that a visiting nurse has been installed in Bordeaux by Dr. Hamilton. She works in co-operation with the out-patient department of the Protestant Hospital. She is the first visiting nurse in France under the new system of nursing.

Visiting Nursing in Canada.

Turning to our own country, the work of the Victorian Order of Nurses must first be considered. Although the order does not confine itself to visiting nursing, of its eighty-one nurses thirty-one are at present doing hospital work; still it is as a visiting nursing association that it is best known. And in it we have the very great advantage of a central association. This advantage should be kept well in mind in beginning any form of visiting work and the possibility of affiliating any such work with the Order well considered. I have heard ardent visiting nurses, organizers of such work in the United States, wish they had some such central organization as the Victorian Order.

At present visiting nursing is done by the Order in Vancouver, Winnipeg, Fort William, Gravenhurst, London, Hamilton, Toronto, Kingston, Ottawa, Montreal, St. John, Yarmouth, Halifax, Truro, Canso, Baddeck and Sydney. The Victorian Order requires that its nurses have had a diploma from a "General Hospital Training School" and serve a four months' probationary term in one of the Training Homes of the Order. The nurses receive from $300 a year, besides board, lodging, laundry and uniform; they are required to be on duty eight hours daily, and the regulations state that on Sundays only cases requiring immediate attention shall be visited. However, in the last annual report one notices that in one district the average hours of Sunday duty are put down at seven.

School nursing has been begun in Montreal and Hamilton—this work is yet in its infancy. Special tuberculosis work is being done in Toronto by one nurse working under the Board of Health, but in connection with the out-patient department of the Toronto General Hospital. In Ottawa there is a tuberculosis nurse working under the Anti-Tuberculosis Society, and in connection with the new Tuberculosis Dispensary, supported by the local Ladies' Club.

In Toronto, besides the Victorian Order, there are several soci-

eties employing visiting nurses. A visiting nurse has recently been established in Brantford. Finally, it must be remembered in Canada, as elsewhere, that there is a certain amount of visiting nursing going on under church organization and private support, particulars of which it is very difficult to gain.

Conclusion.

In considering the work that is being done to-day by the visiting nurse there seems much food for thought in connection with our training schools. In the first place, here is a constantly increasing field of work for the nurses we are graduating; do we sufficiently consider the nature of the demand in the training of the women from whose ranks the supply must come? We see that with visiting nursing to-day there is frequently combined the child-labor work, sanitary inspection, relief investigation, instruction in household cleanliness, cooking, and the care of infants; we see the office nurse, the factory nurse, the school nurse, the tuberculosis nurse. Surely the preparation for such work must needs be wider than when the field was limited to private nursing, institutional work and visiting nursing of the old-fashioned type. Such an outlook should certainly influence the instruction given in hygiene, in dietetics, in practical cooking, and in the care of babies in health as well as in disease. But, above all, should we not see to it that before their graduation our nurses should know what is being done to-day by the visiting nurse, of whom it has been said, "She was born an alleviating agency," she is now a "latter day health missionary."

One of the ablest women I know once said that when, after years of work as a superintendent in more than one hospital, she first did visiting nursing for the Board of Health in New York City, she felt as if she had stepped out of a dark and narrow room into the open day.

By lectures on social work, by simpler talks and discussions, by required reading of selected articles, something at least could be done to bring this "open day" of social work and opportunity before our pupil-nurses. So that to some, perchance, may come the desire for such work and the determination, before the period of training is over, to use every opportunity of preparing for the social service which is to-day the privilege of the visiting nurse.

Flora Madeline Shaw, R.N.,
Graduate Montreal General Hospital.

COBALT RED CROSS HOSPITAL.

The history of the Cobalt Red Cross Hospital is an example of perseverance and determination, in face of difficulties and struggles, which probably few would be willing to encounter. It is owing to the great love for nursing which Mrs. Saunders, the matron, possesses that the institution stands, as it does to-day, a splendid monument of devotion to her own profession, coupled with a desire to alleviate pain and minister to the physical benefit of sufferers in Cobalt.

It was in 1906 that Mrs. Saunders first took up her abode in the Silver City. A house was rented by her from her brother, and many were the schemes adopted by which even a slight degree of comfort might be given to the afflicted. Nobody

knew that there was a trained nurse in Cobalt, and it was only when an explosion took place on May 18th of the same year that the value of Mrs. Saunders' knowledge and ability was demonstrated. The escape which she herself experienced was such as not to prove by any means an incentive to the average person in proceeding with nursing work. Several tons of dynamite exploded within half a mile of Mrs. Saunders' home, and she had only been out of the house three minutes when the catastrophe occurred. A cloak hastily thrown over her was all that she saved. Nothing daunted, however, she commenced working at a camp with no less than eight of one family in her charge, three of whom were seriously ill.

Since that time—practically the foundation of a nursing institution in the great silver camp—Mrs. Saunders has not

really enjoyed what might be termed a "breathing spell." Patients have all the time been on the increase, and, at first, as sanitary arrangements were anything but up-to-date, the difficulties to be contended with can hardly be realized to their fullest extent.

Assistance was procured from Miss Fitzgibbon, another trained English nurse, and as fever cases were continually being received all the beds were occupied, and the workers had to snatch what little rest they could obtain in hammocks. The first winter brought with it a most arduous task, that of keeping the building properly heated, yet, in spite of numerous handicaps, deaths were comparatively few and far between.

Cobalt's one main cause for anxiety—fire—naturally formed a continual source of fear, for facilities and appliances such as are installed to-day, did not exist at the time referred to. In 1907 Mrs. Saunders, realizing the necessity of increased accommodation, sold out her home and purchased the present building on Silver Street.

During the spring of the present year steps were taken by prominent men of the town, including members of the Council and mine managers, to relieve Mrs. Saunders of much work. The result of this kindly interest is that a staff of three graduate nurses, a secretary, orderly, and cook are assisting her in her noble work.

The important fact is now to be faced that there is by no means ample accommodation, although twenty-eight patients can be treated on an average. There are often very serious cases of typhoid, but no women can be cared for, and consequently they must be sent to New Liskeard, North Bay, or Toronto.

So the Red Cross Hospital is a small but undoubtedly appreciated hospital. Five doctors attend to the patients, but no medical man resides on the premises. There is no out-patient department, and consequently casual accidents happen, which mean quite a lot of extra work. An ambulance outfit is also in operation, under Mr. C. Campbell.

Such is the state of affairs for Cobalt and the surrounding mines. The institution commenced with one bed, and what the absence of the hospital would now mean is a matter which, probably, none knowing the district well would care to contemplate.

In all the work connected with the hospital Mrs. Saunders has not solicited one cent for maintaining it, and the Board of Directors now existing is the outcome of entirely spontaneous assistance. In her exceptional enthusiasm for the work, Mrs. Saunders seemed to forget all else, and it was not by any means before the required time that helping hands were stretched out.

After all these vicissitudes and trials, the credit of what has been achieved is due to Mrs. Saunders. What she has done for Cobalt is only properly realized by those knowing the inside history of the Cobalt Red Cross Hospital.

Charles Hinks.

Cobalt.

The following interesting letter has been received by the Chief Superintendent:

Dear Miss McKenzie,—I enclose the last report that I shall be able to send you before navigation closes for the winter; the steamer that we are expecting hourly and that will take this will not be here again until the middle of next June. As soon as the rivers are frozen solidly enough to be crossed, and there has been a good fall of snow, the dog mail starts, but being dependent upon the weather, it is slow and irregular.

Thank you for the copies of the Victorian Order reports. I was much interested in seeing how wonderfully the work of the Order has increased, and how much good it has done from one end of the Dominion to the other, its help making possible the opening of hospitals which otherwise would have had to remain Chateaux en Espagne. This hospital itself, just one among the many owing a debt of gratitude to the Order, is a proof of how much good can be done and lives saved by prompt treatment. It is pitiful to be told of the number of people once living here who died from lack of the simplest treatment. There are some here that Dr. Hare says would have been dead if I had not been able to treat them during his enforced absence along his four hundred miles of coast. Strangely enough, nearly every time that he is away I have one or more really serious cases, and being unable to reach him by telegraph I have to take all the responsibility. One of the chief attractions of nursing is that one fights and wins the battle with disease and death. One thing that makes these people easy to treat is—nay, two things—their faith in one's powers and knowledge, and the absence of liquor.

I hope my service here will not end yet, for each year we shall be able to extend farther and farther the hospital's sphere of usefulness. I want to train young girls to be more useful at home, giving them a knowledge of cooking, nursing and needlework. To prove the possibility of improving the dietary by growing vegetables that will mature in this climate and to encourage gardening, I am going to have next year, a flower show, giving prizes for the best vegetables, flowers, loaf of bread, pie, cake,

hooked mat, pair of skin boots, flower box, book-shelf, model of komatik and dogs, hemstitched handkerchief, model of boat with sails and litter of puppies with their mother. This will enable men, women, boys and girls all to compete for something. The books that have been sent to us enable us to stir up a desire to read and to gratify almost any taste. I lend numbers along the coast. The magazines and illustrated papers we give away in large numbers to the schooners that come here fishing in the summer, and also distribute on the coast. The larger sheets paper walls which would otherwise be bare wood, rough hewn, with the wind blowing through. Mrs. Hare and I are expecting to be busy all the winter with our classes for singing, needlework, basket making, night school and preparation for the Christmas entertainment; each child wants to "say a piece."

If I only had for the hospital a baby organ and a magic lantern I should have fewer unsatisfied longings. Pictures convey ideas which words never can to eyes that have never seen any building higher or more solid than a two-storey frame house; have the dimmest idea of what a train is like, know by sight no animals but deer, dogs, foxes and wild birds; to whom gardens, cities, corn fields, orchards, are terra incognita. We could give such illustrated talks if we just had a magic lantern.

I hope that, in the near future, there will be a regular steamer service that will make it possible for you to come and see what we are doing here; this year it has been most irregular—June 12, July 22, August 25, not at all in September, October 6, and some day soon in this month we expect we shall have had the steamer in our harbor. She starts off again as soon as she has landed her freight, so that we do not have time while she is here to answer the mail she brings, so that it is impossible for us to have visitors who have only a limited time at their disposal and must be back on a certain date.

Hoping that you will have a pleasant winter, believe me to be,

Yours sincerely,

Edith Mayou.

Harrington Hospital, Canadian Labrador, Nov. 2, 1908.

A post-graduate course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Lady Superintendent, 578 Somerset St., Ottawa, or to the District Lady Superintendent, 206 Spadina Ave., Toronto.

The U. S. S. Relief.—"Fleet Week" in Sydney, N.S.W., is the subject of a good article in the *Australasian Nurses' Journal*. There is accommodation on the "Relief" for 200 patients, and the best of accommodation, too. It is the only hospital ship in the U. S. Navy. Everything on the ship was perfect—electric stove, tabloids, sterilizers, and all.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Pare.*

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494 Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—R. v. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

On the last Friday in October the Guild of S. Barnabas resumed its meetings for the winter at St. James' Cathedral Rectory. Another meeting was held on Friday, December 11th. It is regretted that at both these meetings the attendance was small, and it is earnestly hoped that there will be an improvement in this respect at the future gatherings. The meetings will be held at usual throughout the winter on the evening of the last Friday of the month. At one of the meetings a letter was read from a nurse in Hamilton enquiring about the Guild; we hope that a branch may be started there soon. The next meeting of the Toronto Branch will be held at St. James Rectory on Friday, January 8th, at 8 p.m. It is requested that all the members will make a special effort to be present at this, the opening meeting of the New Year.

Miss Sutton, of the Canadian Nurses' Association, Montreal, has gone to England owing to the illness of one of her sisters.

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The Canadian Nurse

VOL. V. TORONTO, JANUARY, 1909 No. 1

Editorial

A HAPPY NEW YEAR.

The Canadian Nurse wishes all her friends a Happy New Year, and many to follow. We hope to be able to do more for our friends and subscribers in 1909 than ever before. The Editorial Board has just concluded an arrangement with the Acton Publishing Co., of Toronto, under which the Editorial Board retains the editorial management and the control of the policy of the magazine, selection of articles, etc., etc., and our publishers take over the business and commercial management. It is felt that the interests of the profession will thus be best served, and we have every confidence that the business management under the Acton Company will be acceptable to all our subscribers, and very successful.

YOUR SUBSCRIPTION: DO IT NOW.

One of the last letters received by the editor before handing over the business (which, by the way, was in excellent shape) to the Acton Publishing Company was from Fernie. It was from the Victorian Nurse in charge there, and enclosed her subscription for 1909, with a most kind and cordial letter. From Fernie it came—Fernie, which has passed through such hard times this year. If the nurses at Fernie send their subscriptions so promptly, would you not like to send yours to-day, and save our new business manager much trouble and worry? Do it to-day. Address, as usual, The Canadian Nurse, Toronto.

THE NURSING OF THE INSANE.

We have much pleasure in presenting to our readers the first part of a lecture on this subject by an eminent Montreal physician. The lecture was delivered recently before the Canadian Nurses' Association, of Montreal. The care of the insane is a live question with the medical profession and the hospital authorities at the present time. At the eleventh annual convention of the American Nurses' Associated Alumnae in San Francisco in May, 1908, Miss Mary E. May, R.N., who is Superintendent of Nurses at the State Hospital, Rochester and one of the Board of Examiners for Nurses, New York State, presented a paper, in which she advocated that practical nursing of the insane be made an obligatory part of the General Hospital course of training for nurses, and that lectures and instruction in that department be

given not later than the second year of the hospital course. On the contrary, Dr. Burgess, of Verdun; Dr. Clarke, of Toronto; and other authorities, clyaim that a course should be taken in a hospital for the insane first, and subsequently in a General Hospital. The new Psychiatric wards to be attached to Toronto General Hospital, the Johns Hopkins Hospital, and others will no doubt furnish the best solution of the problem.

BEWARE THE BOOK AGENT!

A book agent visited the 400 nurses of Toronto a few months ago. His book was a wretched, useless, imposing compilation, badly printed, badly illustrated, and badly bound. We declined it on sight. But the man was a good book agent. When the office clock heard him talk it stopped. That was not the only harm he did to us. He took out of Toronto $750.00 of the nurses' good, hard-earned money. One hundred and fifty nurses bought at $5.00 each. Moral—Never buy a book on nursing unless you have seen it favorably reviewed in The Canad ianNurse.

Editorial Notes

England.

School Nurses.—The Education Committee of the London County Council, which has now 32 nurses for 960 elementary schools, with an attendance of 695,000 children, has resolved to appoint five more nurses.

Guild of St. Barnabas.—Canadian nurses recently in London had the great privilege and pleasure of attending the Guild at St. John's, in Red Lion Square, and of meeting Miss Autrobus, Mrs. Gardner, Father Russell, and Miss Sidney Browne, R.R.C.

Great Britain.

The Territorial Nursing Service.—This scheme is making good progress, especially as Miss E. S. Haldane, LL.D., and other influential ladies are doing all in their power to assist organization and create interest in the service.

Canada.

The Canadian Nurse.—Our friend, Mr. John Ross Robertson, would like to have THE CANADIAN NURSE for 1905 and 1906 for the library of the S. C. H. Can any of our readers do us the favor of finding these copies for Mr. Robertson?

Holland.

State Registration.—The Netherlands Union of Male and Female Nurses has petitioned the Government for State registration. It is understood that the petition was favorably received.

New Zealand.

Military Nursing Service Reserve.—This service has been

formed in New Zealand, with excellent organization, and much interest is already shown in it.

Belgium.

The Ecole Belge.—This is the first Belgian School for Nurses and is under the charge of Madame Cavell, who had three years' experience in London hospitals, assisted by two English nurses.

Scotland.

Post-Graduate Lectures.—This course, open to all graduate nurses in Edinburgh, was inaugurated by a most interesting introductory lecture by Dr. A. H. F. Barbour, the well-known gynæcologist. The doctor's theme was the nurse's character. He went on to emphasize the root qualities of a good nurse: "the gentleness which should be unassociated with weakness, the patience which was the peculiar gift of womanhood, and the reverence which should appreciate knowledge, wisdom, and strength, and not disdain weakness and helplessness." Dr. Barbour has many friends in Canada, the more so as his wife is a Canadian, and daughter of the late Hon. George Brown.

Correspondence

Dear Canadian Nurse,—As I have never seen any items from here, have decided to send a few, although one of the other nurses should make a better correspondent. Will also enclose a paper I read at the last meeting of the Trained Nurses' Club. Some letters in the newspapers here prompted me to write it. If only it would make the public understand what nursing is!

The Provincial Royal Jubilee Hospital is nineteen years old. It has a training school and is one of the best known hospitals in British Columbia.

St. Joseph's Hospital (belonging to the Sisters of St. Ann) has also a training school for nurses. In October a large new wing was opened, doubling the capacity of the hospital.

Miss E. H. Jones has a good private maternity home.

Victoria Convalescent Home was opened a few months ago, by Miss Madigan and Miss Saunders, graduates of St. Joseph's Hospital, and Miss Hardie, graduate of P. R. J. H. The Home is beautifully situated on Pandora Avenue, commanding a view of the city and harbour. The rooms are large, well lighted and prettily furnished. It was needed, and is having the success it deserves. They have also the Nurses' Registry, which is proving a benefit to both nurses and doctors.

We have here the Trained Nurses' Club, similar to the Graduate Nurses' Association of Vancouver. Meetings are held monthly, on the first Tuesday afternoon. Business is transacted and frequently a lecture is given by a doctor, always ending with a social cup of tea.

Miss Tolmie, graduate of Provincial Royal Jubilee Hospital, has just returned from an extended trip to Scotland.

Miss Richards, for some time in charge of O. R. in the P. R. J. H., has resigned her position, to take effect December 15th. The Hospital deeply regrets her departure.

Miss Mellon, a graduate of St. Joseph's, has accepted a position in the Sisters' Hospital, Dawson, Y.T.

Hoping this letter will bring us into closer touch with other Canadian nurses,

Yours sincerely,

Ethel Morrison,

Graduate Vancouver General Hospital.

1442 Elford St., Victoria, B.C

My Dear Canadian Nurse,—I arrived in New York on Tuesday morning and reached Fordham without any difficulty. I expect to enjoy the work here although I can scarcely tell yet until I have seen more of it.

Fordham is very beautifully situated just beside Bronx Park and I can scarcely believe that this is really New York, everything about us is so quiet.

The hospital buildings are all new and have been occupied for a little over a year. The patients are all charity patients, I believe; there are no private wards at all. Fordham is an ambulance hospital and tries to do all the ambulance work in this district. So I understand the surgical work here is especially good.

The nurses are all graduate nurses with the exception of a group of six from Dansville, who take one year of their training here. Almost half are Canadians, a number being from the Sick Children's Hospital and the Home for Incurables in Toronto.

The Superintendent spoke to me the day I arrived, about a special course of six months, which is to be instituted here almost immediately, for nurses who wish to take up hospital work permanently.

I remain, yours sincerely and gratefully,

G. L. R.

Fordham Hospital, New York, 1908.

A LETTER FROM FERNIE.

Dear Canadian Nurse:

Dear to all loyal Canadian nurses is our little magazine. We wish you every success for 1909.

We enclose our subscription for 1909, with every good wish.

The people here are perhaps poor, but seem very hopeful, and all are busy home-making. The weather is very favorable for building, not very cold, and as yet but little snow, the latter condition most unusual for Fernie.

Sincerely yours, A. A.,

V.O.N. Nurse for Fernie District.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given:
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven:
My soul will be a-dry before,
But, after, it will thirst no more.

—*Sir Walter Raleigh.*

SPIRITUAL STRENGTH.

One of the most serious losses which befall man is the loss of freshness of spirit in dealing with the manifold relationships and duties of life. With the lapse of time there is always danger that the first zest and zeal will pass, and leave us servants of duty or slaves of routine. Joy and enthusiasm fold their wings, and we walk wearily where we once passed with swift and victorious movement. Our business becomes drudgery, our duties onerous, our relations of affection lose the charm of sentiment. There are always a few rare natures who escape the decay which despoils the bloom of life, and carry with them into noon and evening the freshness and splendor of the morning. These are, by virtue of this quality, our guides and inpirers; they continuously renew for us and in us the early vision, the pristine beauty of living. They show us again the glory we once saw in the sky, the dignity and nobility which life wore for us before care and selffishness had impaired our finer perceptions.

The secret of perpetual freshness in a human soul, of renewing life each day in the beauty of the first creation, lies in the clear and permanent perception of the great spiritual forces and truths of which all visible things are the symbols and revelation. Those incessant demands upon our life which at times almost drain it to the last drop—met simply from a sense of obligation, without the abiding consciousness of their spiritual significance, deplete and exhaust us; but met with the clear insight which discerns the growing purpose of God behind them, they become transformed and radiant with prophecy and promise; the drudgery of the day is no longer drudgery when one sees in it the slow unfolding of a great new thought for one's life.

H. W. Mabie.

Official Department

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Lucy Bowerman, 349 Sherbourne Street.
First Vice-President—Ida Beam, 728 Spadina Avenue.
Second Vice-President—Annie Hartley, T.G.H.
Recording Secretary—Miss Lindsay, T.G.H.
Coresponding Secretary—Ida L. Burkholder, 728 Spadina
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Conveners of Committees:

Sick Visiting—Elizabeth Field, 505 Sherbourne Street.
Registration—M. E. Christie, 19 Classic Avenue.
Programme—Mrs. Feeney, 44 Willcocks Street.
Social and Lookout—Miss Richardson, 551 Sherbourne Street.
Press—S. Caroline Ross, 1 Selby Street.
Central Registry—Miss Purdy, 551 Sherbourne Street; H. Fralick, 728 Spadina Avenue.
Canadian Nurse Representatives—Bella Crosby, 62 Isabella Street; Lucy Bowerman.

ANNUAL REPORT OF THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO

For the year ending Oct. 15th, 1908.

Officers for 1908-09: Miss M. Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodall, Corresponding Secretary; Miss M. Wilson, Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Hally, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

Secretary's Report.

The year closed with a membership of 72, including eight new members this year.

There were nine meetings held during the year, which were fairly well attended.

The thanks of the Alumnae Association are due Miss Brent for a talk and demonstration re preparing for operation in private house, which was most instructive, also her paper on "Registration"; also to Miss F. Potts for an excellent demonstration given in the hospital, which was greatly appreciated by the nurses present—many from other schools.

Mr. J. R. Robertson with his usual generosity made it possible for our Association to be represented at the National Nurses'

Association held at Ottawa. Miss J. Hamilton was chosen as the delegate.

The amount received from the sale of "Invalid Cookery" goes to the Sick Benefit Fund of our Graduate Nurses. One hundred and forty-nine copies have been sold during the last year; we have still about 300 on hand—send your order and it will be promptly attended to, to Miss Mary Gray, 505 Sherbourne St.

The report of the treasurer, Miss Margery Wilson, showed receipts $144.47 and expenditures $71.76. In the Sick Benefit Fund there remains a balance of $53.63.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-9: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

MILITARY ORDERS, 1908

No. 191.—20th October, 1908.—The following appointments, promotions, retirements and confirmations of rank are promulgated to the Militia by the Honorable the Minister of Militia and Defence in Militia Council.

Army Medical Corps.

To be a Nursing Sister: Miss Laura Elizabeth Eaton, to complete Establishment. 17th September, 1908.

By command.

F. L. Lessard, Col.,
Adjutant General.

NURSING SERVICE OF THE TERRITORIAL FORCE.

THE REGULATIONS.

The following Army Order has been issued from the War Office in London.

1. The Nursing Service of the Territorial Force is formed for the purpose of maintaining a staff of nurses willing to serve in general hospitals in the event of the embodiment of the Territorial Force.

2. Rolls will be kept of matrons, sisters, and nurses who are willing to serve in the hospitals to which they are located.

ESTABLISHMENT.

3. Nursing staffs will be required for 23 general hospitals, which will be formed as follows: One each at Aberdeen, Edinbourgh, Newcastle-on-Tyne, Leeds, Sheffield, Manchester, Liverpool, Lincoln, Leicester, Birmingham, Oxford, Cambridge, Cardiff, Bristol, Portsmouth, Plymouth, Brighton, two at Glasgow, and four at London.

4. Each staff will consist of 91 nurses, and no larger number will be called up for duty in time of imminent national danger; but in order to ease liability for duty, and to suit the special conditions of the nursing profession in civil life, the number of nurses borne on the roll of each hospital will be 120.

The ranks of the 91 nurses to be called up for duty will be one matron, 22 sisters, and 68 nurses.

The ranks of the 120 nurses borne on the roll will be two matrons, 30 sisters, and 88 nurses.

ADVISORY COUNCIL.

5. In order to provide for the establishment of a similar system of control in each hospital, an Advisory Council has been appointed.

The Advisory Council will frame rules for the admission of nurses into the Nursing Service, and will make such recommendations as may seem necessary for the administration of the service, and for the appointment of matrons, sisters, and nurses thereto.

6. The roll of sisters and nurses for each hospital will, after revision by the Local Committee (*see* paragraph 7), be forwarded each year to the Advisory Council, who will have the power of removing from the roll, after full inquiry, the name of any member who may prove to be unsatisfactory.

LOCAL COMMITTEES.

7. It is recommended that a Local Committee should be formed at each hospital centre, to receive the names of nurses wishing to join the service. The Committee should consist of ladies representative of the area which the hospital is intended to cover, and should include an "organising matron," matrons and superintendents of the principal hospitals and larger nursing institutions in the area, and any other ladies interested in nursing and likely to be in touch with suitable nurses. Representatives living at a distance would not necessarily attend the Committee meetings unless they wish to do so, and their travelling expenses would not be paid from public funds, but they would be able to see the nurses living in their neighbourhood and to forward their names to the organising matron. The main duties of a committee would be to enroll the sisters and nurses who are willing to serve in case of invasion, to revise the roll annually, to submit the names of the matrons whom they recommend for appointment to the Territorial Force Hospitals, and to serve as a nursing committee in time of war.

In nominating candidates for the appointment of matron, and

in enrolling sisters and nurses, Local Committees will be guided by the instructions laid down in paragraphs 9 to 11.

ORGANISING MATRON.

8. It is suggested that the organising matron in each district should, if practicable, be a co-opted member of the County Association of the area in which the hospital is situated, for the purpose of advising, when required, on nursing matters; or should at any rate be invited to attend meetings of the Association at which those matters are under discussion.

CONDITIONS OF APPOINTMENT.

9. A candidate for appointment as a matron must have held a responsible post in a civil hospital either as matron, assistant matron, or sister, and must be willing to be called up for training in a military hospital for seven days every alternate year. The number trained per annum will not exceed thirteen.

10. A candidate for enrolment as sister or nurse must have had three years' training in a recognised hospital or infirmary, and in the case of a candidate employed in a hospital the consent of her matron must be obtained. A sister or nurse must not be under 23 years of age at date of enrolment.

11. A candidate, whether for appointment as matron or for enrolment as sister or nurse, will be required to fill in the form of application which will be supplied to the Local Committees by the Advisory Council, and also, if her services are accepted, to sign a declaration of willingness, in the event of the embodiment of the Territorial Force, to serve if called on in the hospital to which she has been allocated. She will also be required, on January 1 in each year, to notify to the organising matron of the Local Committee, on a form which will be supplied, particulars as to her employment during the preceding year, as well as any change in her address.

DISCIPLINE.

12. Sisters and nurses when on duty in a Territorial Force hospital will be required to conform to the ordinary discipline of a civil hospital and to such military rules as may be necessary.

The nursing staff will be under the control of the matron, who will arrange the duties and work of each member.

RETIREMENT.

13. A sister or nurse will be required to retire at the age of 50, a matron at the age of 55.

UNIFORM.

14. A distinctive badge will be issued to members, which will be returned on their leaving the service. No other uniform or allowance in lieu will be issuable in time of peace.

When called up for duty on mobilisation, sisters and nurses will wear a special cap and cape in addition to their ordinary indoor uniform; these will not be worn except on mobilisation.

The several ranks will be indicated by distinctive stripes upon the sleeve.

EMOLUMENTS OF MOBILISATION.

15. Charge pay will be granted to a matron or sister on the undermentioned scale:—

	Per annum
If in charge of 300 beds and over	£30
If in charge of from 200 to 299 beds	25
If in charge of from 100 to 199 beds	15

16. A member of the Territorial Force Nursing Service employed in a Territorial Force military hospital on mobilisation will also, on the cessation of her employment from causes beyond her own control, receive a gratuity, provided that she is certified by the Administrative Medical Officer under whom she has served to have rendered satisfactory service. If her employment has extended beyond one year she will be granted under the same conditions and at the same rates a further gratuity for every complete year of further service, broken periods to be calculated accordingly. If she has relinquished her employment for reasons not satisfactory to the Army Council, she will forfeit her title to a gratuity.

The following will be the rates of gratuities: Matron, £15; sisters, £10; nurses, £7 10s.

17. When called up for service on mobilisation, and on the termination of such service, members will be entitled to their travelling expenses between their place of residence and the hospital.

EMOLUMENTS OF MATRONS DURING TRAINING.

18. Matrons called up for training during peace will, except as provided in paragraph 14, receive army pay and allowances at minimum rates, and will travel at the public expense.

Send in your Renewal without delay. See our offer on inside back cover. :: :: ::

Hospital and Training School Department

The Waterloo Chapter of the Daughters of the Empire are to support a Victorian Order nurse in Galt for the winter months.

A Victorian Order nurse is to be stationed in Brockville, Ont. One of the public-spirited citizens has offered to pay all the expenses for six months.

The Cobalt Red Cross Hospital has now a Board of Directors. The board consists of the Mayor, Mr. Lang; the Reeve of Coleman Township, Mr. Ferland; Rev. Father O'Gorman, Rev. J. D. Byrnes, Mr. R. P. Rogers, Mr. R. Bryce and Mr. R. S. Heakes. Mr. R. P. Rogers of the Coniagas mine is president and Mr. R. W. Mackan secretary.

Mr. Ferland, Reeve of Coleman Township, has forwarded on behalf of the Council, a check for $100.00. The Town of Cobalt has allowed the hospital the taxes for last year and the Cobalt Light and Power Company, through their manager, Mr. R. L. Cody, contributed $25. Mr. R. L. Jewett, of the Jewett Juengling Syndicate, generously donated $25 to the hospital funds.

Recently a public meeting was held under the chairmanship of Mr. Fralick of the Cobalt Lake Company, and those present included Mayor Lang, the Reeve of Coleman Township (A. Ferland), and representatives from the following mines: Nipissing, Coniagas, Buffalo, Drummond, O'Brien, Silver Queen, Trethewey, Cobalt Lake, Right of Way, Nova Scotia, Kerr Lake, Beaver, Badger and McKinley-Darragh.

The following is a report of the work at the Cobalt Red Cross Hospital during November and also a list of donations received: On book from October, 19; new patients admitted, 36; recovered, 37; deaths, 2; medical, 38; surgical, 17; diphtheria, 1; discharged, 41; remaining on books, 22. New couch, Mrs. H. Magner; milk, Mrs. Lang; cakes and fruit, Mrs. Jno. Harris; fruit, Mrs. Presley; magazines, Mrs. Carr; several baskets tomatoes, Mrs. Howard Campbell; flowers harvest festival, English Church and Presbyterian Church; barrel of apples, Mrs. Carr; magazines, Mrs. Mackan.

The Canadian Nurses' Association.—The Executive Committee of the Canadian Nurses' Association announce the following course of lectures for 1908 and 1909: December—Dr. T. J. Burgess, "Insanity and the Nursing of the Insane"; January—Dr. H. D. Hamilton, "Practical Points on the Nose and Throat"; February—Dr. McCrae, "Infectious Diseases"; March — Dr. Ritchie-England, "Reproduction"; April—Dr. H. M. Little, "Obstetrics." The lectures will be given in the Medico-Chirurgical Rooms, 112 Mansfield Street. The meeting will be called to order at 7.30 p.m.

The monthly meeting of the Canadian Nurses' Association, Montreal, was held on Tuesday, December 1st, at 8 p.m. Miss Baikie, the president, presided. Eight candidates were presented

for membership. There was a very large attendance of nurses, owing most probably to the lecturer and nature of the lecture for the evening. Dr. T. J. W. Burgess, superintendent of the Insane Asylum, Verdun, gave a most interesting and instructive lecture on "Insanity and How to Nurse the Insane." We could not begin to tell all the Doctor disclosed to us, but we are sure we shall benefit greatly in our sphere of work by the good advice and many practical points brought before us. This lecture will appear in The Canadian Nurse and we trust its readers will appreciate it as much as the members of the Canadian Nurses' Association. After a half-hour chat and social cup of coffee, the meeting was brought to a close.

A GREAT DAY.

The Nurses' Day at the Pan-Anglican Congress in London, was a great day. Great in numbers, great in inspiration, great doubtless in results. The meeting was set for 2.30, in the Hall of the Church House, but by 12.30 the approaches were already full, and there was an overflow meeting arranged at which the same speakers appeared, the chair being taken by the Bishop of Sierra Leone.

Never before, it is supposed, did so large a number of the profession meet. The thank-offering, which should be spoken of somewhat as our Lord spake of the Widow's Mite, for nurses have not much money, was one thousand dollars, and was presented by ninety nurses, representing forty different hospitals. Bishop Montgomery, the originator of the Congress, presided, and there were three great things said. The Bishop of Rhode Island said that the Church now realized that nothing was common or unclean, but that vocation enters into every life lived at its best—the doctor's, the lawyer's, the mother's, the nurse's. Dr. A. H. Griffith, of Arabia, said he had been asked to speak on the "Place of the Nurse in the Mission Field," but all his soul was taken up not with her place, but with the great need of her services. Mrs. Douglas Hooper, L.R.C.P. & S., Edin., said that if nurses met ingratitude they should remember that God Himself said, "Thank you" for every cup of cold water they gave and every office they performed. We do not all belong to the Church of England, though many of us do, but whatever church we call our own, there is none of us but has a share in this great gathering, nor one who will not live better because of it. The concourse itself, the unity, the love and charity shown, more than the words of the eloquent speakers, are the sacred possession and pride of the profession.

VICTORIAN NURSES.

A dinner in aid of the Queen Victoria Jubilee Institute for Nurses was held in the Banquet Room of the Hotel Cecil, recently,

the Duke of Portland presiding. This is a very favorite way in London of attracting public attention, enlisting public sympathy and securing funds. It was a pronounced success, the company being large and distinguished, and no one enjoyed the proceedings more than the matrons and nurses of the Institute, who watched the proceedings from the gallery.

The toast of "The King" having been drunk, in proposing the health of Queen Alexandra, the Duke of Portland happily quoted Her Majesty's words when she first met the nurses:

"I have always taken the most sincere interest in nurses and nursing, and it affords me heartfelt satisfaction to be associated with you in your labors of love and charity. I can, indeed, imagine no better or holier calling than that in which you are engaged of tending the poor and suffering in their homes in the hour of their greatest need.

"I pray that God's blessing may rest upon your devoted and unselfish work, and that he will have you all in His holy keeping."

The toast of the evening was "Success to our Cause," and the Duke, in proposing it, said that the Jubilee Institute was one of the finest and most practical forms of philanthropic work. He trusted it might never be said that the people of this country through carelessness, indifference, or selfishness, turned a deaf ear to the pleadings of pain, distress and poverty. Mrs. Humphrey Ward, in speaking to the same toast, refered to the work of our own Victorian Order of Nurses in Canada, and said that another motive for supporting the Institute was to keep green the memory of the great Queen who founded it.

Send in your Renewal without delay. See our offer on inside back cover. :: :: ::

The Nurse's Library

Vol. I. of "Primary Studies for Nurses," by Miss Charlotte enlivens her pages with ideas and quotations not often found in A. Aikins, will be ready this month, and will be welcome.

The special numbers of the Canadian Pictorial this year for the Tercentenary, Thanksgiving Day, and Christmas Day have been a great credit to the publishers, and a pleasure to all their subscribers. The Canadian Pictorial is a good magazine to send to friends at home or abroad. Montreal: Ten cents a copy. One dollar a year.

An indispensable book for a nurse's library is a Medical Dictionary. The fourth (1908) edition of Gould's Medical Dictionary (P. Blakiston's Sons and Co., Philadelphia) contains 30,000 words. A quarter of a million copies of Gould's Medical Dictionaries have been sold, and the book is a most convenient and valuable one.

One of the few books in which is to be found both inspiration and information is "The Economics of the Household," by Mrs. Creighton (London: Longmans, Green and Co., 4s.) The gifted author, the widow of the late Bishop of London, gave a course of lectures to the teachers of domestic economy under the London County Council, "to bring the teachers into contact with some of the thought and knowledge with which their subject is concerned." The book contains these lectures: On "The Family," "Waste," "Saving," "Expenditure." They are interesting and helpful and fresh, charming in presentation.

"Common Affections of the Liver." W. Hale White, M.D. (London: James Nisbet and Co., 4s. 6d.) The well-known and eminent physician of Guy's Hospital has, fortunately for us all, published his clinical lectures in this little volume. A subject on which the ideas of most nurses are misty is that of diseases of the liver, and this book is so clear, practical, and up-to-ate, as well as being adapted for use in any part of the world, that it will be of great benefit.

"Your Child's Health," John Grimshaw, M.D., B.S., D.P.H. (London: J. and A. Churchill, 2s.) For school nurses to use themselves, and to recommend to mothers and fathers, teachers and others, this book of medical notes and information is excellent. In an introduction, Sir James Barr heartily commends the book and congratulates the author on the spirit of help he has.

"Eyestrain and Eyesight," John Grimshaw, M.D., D.P.H. (London: J. and A. Churchill, 1s.) This is a capital book. Written for the general public, it is especially valuable for the parent, the teacher, and the publicist. There is no subject of public and personal inportance in regard to the general care of the eye which is not well and helpfully dealt with here.

"Plainer Fare and Less of It," by Alice Braithwaite, 45 West End Avenue, Harrowgate, Eng. (Published by R. J. James, Paternoster Row, E.C., 2s.) This book is as interesting as a novel, and entirely practical. There are recipes besides, and the author such a book. The chapter "On Sitting Still" is one of the best

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Physicians' Prescriptions Filled

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in the book. A nurse would not only read this book herself, but lend it to a patient or two.

"American National Red Cross Text-Book on First Aid and Relief Columns." Prepared by Major Lynch, Medical Corps, U. S. Army. (Philadelphia: P. Blakiston Sons and Co., $1.00.) This is a new, attractive, and excellent American text-book on Red Cross and relief work, with a preface by Surgeon-General O'Reilly. It tells admirably how to prevent accidents and what to do for injuries and in emergencies.

"Good Health," by Frances Gulick Jewett. (Boston: Ginn and Co..) This is one of that excellent series of Hygiene Text-books known as the Gulick Hygiene Series. For use in schools it is one of the best books we have seen. It is sensible, accurate, and clear.It has been recommended for use in Ontario schools. There is a good bibliography, but no index.

"The Care and Nursing of the Insane," by Superintendent Baily, of the Hanwell Asylum. (London: The Scientific Press.) Dr. Baily's lectures to the nurses on his staff are here reproduced. The subjects dealt with are anatomy, physiology, general nursing, and the nursing of the insane.

"Hygiene for Nurses," by Isabel McIsaac. (Toronto: The MacMillan Co., of Canada, $1.25.) It is a great pleasure to see another text-book for nurses written by a nurse, and that nurse Miss McIsaac. We cannot speak too highly of this book as a practical work. Six chapters deal with the general foundations of hygiene, then we have personal, household, and school hygiene, occupational hygiene, and, finally, disinfection and quarantine. All nurses should have it.

"Essentials of Dietetics in Health and Disease." A text-book for Nurses and a Practical Dietary Guide for the Household, By Amy Elizabeth Pope, Instructor in Practical Nursing and Dietetics in the Presbyterian Hospital School of Nursing, Instructor in Dietetics in the School of Nursing of the New York Hospital, Mt. Sinai Hospital, and Smith's Infirmary, Staten Island, and Mary L. Carpenter, Director of Domestic Science for the Public Schools, Saratoga Springs, N.Y. (New York and London: G. P. Putnam's Sons, The Knickerbocker Press. 1908. Price $1.75.)

"The Essentials of Dietetics" is a book which has been much wanted, and we heartily congratulate the two nurses who have presented the profession, in this book, with the results of years of careful study, instruction of others, and thought upon their own work. The book is a mine of information, and will be found of great help in training schools and in all nurses' libraries. We heartily commend it to our readers.

We are indebted to the publishers, Messrs. G. P. Putnam's Sons, of New York, for a copy of the latest reprint of "Practical Nursing,' by Anna Caroline Maxwell and Amy Elizabeth Pope. ($1.75.) It was published in August, 1907, reprinted once in 1907, and three times in 1908. It deserves all its success, and we have much pleasure in repeating emphatically all we said in its favor on its first appearance.

A Tempting Delicacy for the Invalid

THE NURSE'S FAVORITE DIET for her patients during convalescence, when the invalid must be tempted to eat wholesome and easily digested food, is

SHREDDED WHEAT

Nature's perfect health food, it nourishes better than any other cereal. It is simply the whole wheat berry shredded, and made palatable—with health and strength in every shred.

It aids digestion and keeps the bowels in proper working order. Your patients will relish Shredded Wheat Biscuit and Triscuit.

It's all in the Shreds

Write for the Vital Question Cook Book

Canadian Shredded Wheat Co., Limited

Toronto Office:
49 Wellington St. East

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Niagara Falls

(780)

PERSONALS.

Miss Irene Norcross has returned from Duncans, Vancouver Island, to take up private nursing in Vancouver.

Miss Elliott (W. G. H.), for seven years Charge Nurse in the O. R. Vancouver General Hospital, has resigned.

Miss Boyce, of the Canadian Nurses' Association, Montreal, is spending the winter with her mother at Norham, Ont.

Miss Cunningham, Head Nurse at the Royal Columbian Hospital, New Westminster, has handed in her resignation.

Miss Irene Norcross (V. G. H.), who has been doing private nursing in Duncans, B.C., is working in Vancouver this month.

Miss Rose (V. G. H.), late Night Superintendent Vancouver General Hospital, has accepted the post of Charge Nurse O. R. in the same hospital.

Miss A. F. Jeffrey, Lady Superintendent of the Galt Hospital, Lethbridge, Alberta, has resigned. The resignation takes effect on January 1st, 1909.

Miss Robertson (V. G. H.), Charge Nurse Isolation Buildings, will take the post of Night Superintendent in the Vancouver General Hospital on the first of January, 1909.

Miss Mitchell, formerly Superintendent of the Roland M. Boswell Hospital, Vegreville, Alberta, is now residing at 4253 Wabash Avenue, Chicago. Her many friends, and especially all connected with The Canadian Nurse, are anxiously awaiting her return to Canada. We can hardly spare Miss Mitchell to any other country, even to the United States.

The president of the American Hospital Association has appointed Dr. Henry Hurd, of Johns Hopkins; Dr. Babcock, of Grace Hospital, Detroit; Dr. Washburn, of Massachusetts General, Boston; Miss Riddle, of Newton Hospital; Miss Keith, of City Hospital, Rochester; and Miss C. A. Aikins, of Detroit, as the Committee on Training Schools and Courses of Study for Nurses.

An Alumnae Association has been organized in connection with the Vancouver General Hospital Training School for Nurses, Vancouver, B.C. At a meeting held December 1st, the following officers were elected for the ensuing year: Hon. President—Miss Macfarlane (Lady Superintendent V. G. H.); President—Miss Roycroft; Hon. 1st Vice-President—Mrs. Hart (nee Miss Clendening, T. G. H.); 1st Vice-President — Miss Robertson; Hon. 2nd Vice-President—Mrs. Salsbury (nee Miss Turner, T. G. H.); 2nd Vice-President—Mrs. Alexander; Secretary—Miss Hart, 2240 Westminster Ave., Vancouver, B.C.; Treasurer—Miss Beharrel. These officers together with three other members constitute an Executive Committee. Meetings to be held the first Tuesday of each month at 8.30 p.m. in the lecture room of the Vancouver General Hospital.

PNEUMONIA

IN PNEUMONIA the inspired air should be rich in oxygen and comparatively cool, while the surface of the body, especially the thorax, should be kept warm, lest, becoming chilled, the action of the phagocytes in their battle with the pneumococci be inhibited.

Antiphlogistine
(Inflammation's Antidote)

applied to the chest wall, front, sides and back, hot and thick, stimulates the action of the phagocytes and often turns the scale in favor of recovery.

It is an acknowledged fact, as declared by a well known medical teacher and author in his latest text-book on treatment, that "heat applied and persisted in over the entire diseased area is a most potent and physiological antagonist to those essential conditions which are directly induced by the causes of the disease, and from which all ultimate pathologic results must develop. It is profoundly stimulating, and while local heat from undue combustion is present, the applied heat stimulates the capillaries and physiologically unloads the venous capillaries. At the same time it stimulates the arterial capillaries through its influence upon the peripheries of the nerves and secondly upon the nerve centres, to drive the accumulating tide through the engorged vessels, thus unloading them into the veins. It thus carries off the accumulating waste, brings into the capillaries a new tissue supply and quickly remedies the harm that has been done them in the primary congestion.

"It is a most rational procedure. It is logical, it is reasonable, it is physiological and it is highly scientific. And such a course is always acceptable."

CROUP

Instead of depending on an emetic for quick action in croup, the physician will do well to apply Antiphlogistine hot and thick from ear to ear and down over the interclavicular space. The results of such treatment are usually prompt and gratifying.

Antiphlogistine hot and thick is also indicated in Bronchitis and Pleurisy

The Denver Chemical Mfg. Co. New York

The graduating exercises of the Vancouver General Hospital were held in the Lecture Room in the Nurses' Home, November 10th. Mr. Salsbury occupied the chair while a short programme was presented, while Dr. Monro presented the diplomas and the medals were pinned on by Mrs. Wm. Murray. A special gold medal presented by the donor, Dr. R. E. McKechnie, for general proficiency, was won by Miss Beharrell. Dr. Brydone-Jack in his address to the graduating class gave a speech overflowing with good cheer, hearty congratulation and kindly advice to the successful nurses, who were: Mrs. Alexander, Eburne, B. C.; Miss Ruth Fraser, Vancouver; Miss Mary Wilson, Vancouver; Miss Mary Beharrell, Miss Matilda John, Victoria, B.C.; Miss Mabel Scott, Qu'Appelle, Sask.; Miss Jessie Hart, Vancouver; Miss K. MacLeod and Miss Constance Daykin, Armstrong, B.C. A reception and dance followed at which about one hundred and fifty guests helped to make it a gala evening for the nurses.

On November 18th, twelve of the Alumnae of the V. G. H. met, by Miss Macfarlane's invitation, at the Vancouver General Hospital to spend a social hour and discuss the advisability of forming an Alumnae Association. The matter was eagerly taken up, a constitution framed and a meeting called for the nomination of officers on December 1st. On Tuesday, December 1st, a larger number were present; the constitution was adopted and the following officers were elected by acclamation: Miss Macfarlane, Superintendent of Nurses, Hon. President; Miss Roycroft, Class 1900, President; Miss Robertson, Class 1906, 1st Vice-President; Mrs. K. Alexander, Class 1908, 2nd Vice-President; Miss J. Hart, Class 1908, Secretary. Mrs. J. B. Hart and Mrs. W. F. Salsbury, both former superintendents of the school, were made honorary members; also Miss A. E. Rodd, assistant superintendent. The treasurer and other members of the Executive have still to be elected. This is the first nurses' Alumnae Association in the province, and much is hoped for and from the Alumnae Association of the Vancouver General Hospital.

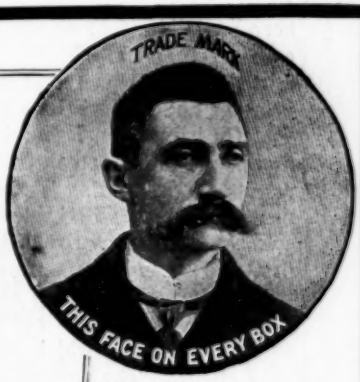
MARRIED.

Montague — Douglas. —On October 1st, at Georgetown, Wash., U.S.A., Miss Bessie C. Douglas (Class 1905, V. G. H.), to Mr. George B. Montague, Georgetown.

WELLAND HOSPITAL.

Dr. R. W. Bruce Smith, the Provincial Inspector of Hospitals and Charities, has just made a visit to the Welland Hospital, now almost completed, and we are indebted to the President, Mr. Phin, for extracts from his report, as follows:

"A Hospital Trust was formed at Welland last year, and under the direction of the Board plans were prepared for the erection of a building on a site donated for the purpose and convenient to an electric railway, which will render the hospital very accessible to the surrounding country. When prepared the plans were sub-



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because it is freely recommended above all others by physicians everywhere. **MENNEN'S** is the purest and safest of Toilet Powder, just as good for mother and nurse as it is for baby.

It not only **smooths** the skin but **soothes** the skin, not only **hides** roughness and rawness but **heals** them. After the **bath** it is delightful—it enables one to easily retain that pleasing appearance of fresh cleanliness.

A Positive Relief for Chapped Hands and Chafing.

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Try Mennen's Violet (Borated) Talcum Toilet Powder—It has the scent of fresh-cut Parma Violets. Samples free.

MENNEN'S SEN YANG TOILET POWDER, Oriental Odor
MENNEN'S BORATED SKIN SOAP (blue wrapper).
(Specially prepared for the nursery).
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NEWARK, NEW JERSEY

MENNEN'S
BORATED TALCUM
TOILET POWDER
FOR INFANTS AND ADULTS
THE ONLY HEALTHFUL AND SANITARY POWDER FOR THE NURSERY AND TOILET
GERHARD MENNEN CHEMICAL CO.
NEWARK, N. J., U.S.A.

keep on talking? You are a fair-minded British subject. Help to care for the sick.

mitted to the Department and duly approved of. During the past year the building has been erected and is now about completed.

"On inspection, I found that the plans and specifications of the architect had been carefully carried out, with most satisfactory results. The building is 40x80, three storeys in height, with a basement, in which will be located the kitchen, laundry, dispensary, cold storage, dining rooms, boilers and coal room. The plans of the first and second floors provide suitable public, private and semi-private wards, operating room, and their accessories, diet kitchen, lavatories, etc. There are also spacious verandahs from the first and second floors, which will, no doubt, be of great advantage to the patients. The upper floor is suitably divided to provide quarters for the staff. All the halls, wards and rooms are spacious and well lighted. The system of ventilation should prove satisfactory, and is the same as has met with approval in several institutions. The floors are of hardwood on three flats, and the woodwork of doors and casements is also of hardwood. The whole building has been well constructed, and the trustees are to be congratulated on the result. Welland will very shortly have a hospital with accommodation for thirty patients, and the cost of erection has been much lower than is generally paid for such a building. When equipped and furnished with the requisites for a hospital, this institution will compare most favorably with any town hospital in Ontario, and is likely to prove most useful not only to the people of Welland, but to the surrounding municipalities.

"My visit of inspection impressed me most favorably in regard to the excellent building and the good value received for the money expended up to date in erection.

"The trustees expressed their intention of having the hospital open for the reception of patients early in January next, when recommendation will be made to have the institution placed on the list of public hospitals in Ontario receiving Government aid, in accordance with the Charity Aid Act."

Reasons Why You Should Support the Welland County Hospital.

1. We have a thirty-bed hospital, which the Provincial Inspector of Hospitals says is the best hospital in the Province for the money, and it is no cheap building either, but right up-to-date.

2. It has cost, allowing a fair price for the site, which was donated by Messrs. Morwood and Rose, Welland, with equipment, about $22,500, or about $750 per bed. It is generally granted that a hospital will cost $1,000 per bed, and oftener than not they run $1,200 or $1,500 per bed. This saving was effected by having good architect's plans and also on account of the lower cost of building

3. The Board are personally responsible for a debt of $10,000. We need $5,000 at once to put it on a good financial basis.

A Cold

is an entering wedge. It has a *weakening* effect.

Neglect, or only half cure *it*, and a worse cold or even pneumonia may follow.

Cure it the *right way* and you gain greater resistive power at the same time.

SCOTT'S EMULSION

is the *right* cure. It breaks up and drives a cold from the system. But it does more; it builds up your *vitality* and strengthens you against further attacks.

Send this advertisement, together with name of publication in which it appears, your address and four cents to cover postage, and we will send you a "Complete Handy Atlas of the World."

SCOTT & BOWNE, 409 PEARL STREET, NEW YORK

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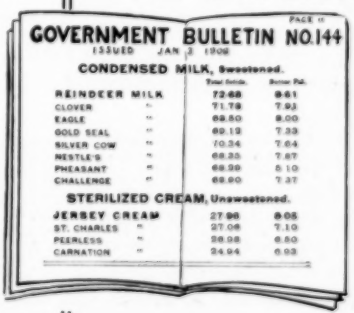
The Government Endorses Superior Quality of the Truro Brands


GOVERNMENT BULLETIN NO. 144

ISSUED JAN. 3 1908

CONDENSED MILK, Sweetened.

REINDEER MILK	72.68	9.61
CLOVER "	71.78	7.93
EAGLE "	68.80	8.00
GOLD SEAL "	69.13	7.33
SILVER COW "	70.34	7.64
NESTLE'S "	68.25	7.87
PHEASANT "	69.39	8.10
CHALLENGE "	69.90	7.27

STERILIZED CREAM, Unsweetened.

JERSEY CREAM	27.96	9.05
ST. CHARLES "	27.06	7.10
PEERLESS "	26.08	6.80
CARNATION "	24.94	6.03

The figures in the Government Bulletin demonstrate that REINDEER CONDENSED MILK is 7½ % richer, and JERSEY STERILIZED CREAM is 13 % richer, than the best of the other brands of Milk and Cream sold in Canada, therefore the highest food value.

The Truro Condensed Milk Co. Ltd.

TRURO, N.S.

4. This is a county hospital, and as it is situated close to the trolley line will be easily available from all parts of the country.

5. Did you yourself ever have to journey to a distant city to obtain hospital accommodation? Far from your friends, and surrounded by strangers, or did you ever have to send your children or friends? How much better if you can have them, at such a time, close at home. Who knows when your turn may come?

6. There is a population of 15,000 in and tributary to Welland, and it is estimated that 3,000 of these are boarding or have poor home accommodation, such as shacks or two or three rooms. What would you do if you took ill under such conditions, especially if you were far from your friends? Send your help to help such people when ill or injured.

7. It is important that everyone give something, if only a little. If you are not able to give dollars, give cents. Your name will be down on a canvasser's list. Do what you can.

8. There are hundreds of reasons why you should give, but why keep on talking? You are a fair-minded British subject.

UNISON IN NURSES' ASSOCIATIONS.

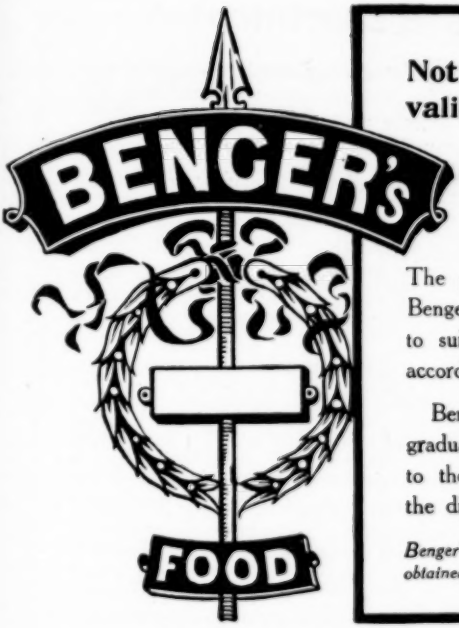
Unison means taking individuals, strong, weak and intermediate, and harmonizing them by adjusting the minds of all of them to a common ideal and then keying their minds to a common willingness to unite on the same means for the achievement of that ideal. The women of our associations should have for their ultimate aim the obtaining of the same social, financial and professional recognition given to men. To a very large degree nurses are not in competition with men, because men seldom enter into the nursing profession, except to nurse an individual man or certain cases among men, so we have this profession practically to ourselves—this field is ours. Often we say women have not a chance to do this or that or the other thing, but there are certain fields in which we have a chance, and nursing is one.

Associations lift the individual out of her isolation, whether that be an isolation of egotism, conceit or ignorance. They lift the individual out of it and bring her into closer relation with her peers. Just as soon as we are lifted into this peerage of our own rank, then we have achieved not only what we owe to the members of our associations, but what we owe to that larger section of humanity which cannot become members of our associations.

One of the chief objects of organization is to obtain professional recognition and command the respect from the public which we deserve. As an isolated individual you are unable to do this.

MARY H. FOGARTY.

Riverdale Hospital, Toronto.



Not only Infants, but Invalids, and persons with Delicate or Impaired Digestion can enjoy Benger's Food.

The particular and important feature of Benger's Food is that it can be prepared to suit any degree of digestive power, according to the directions on each tin.

Benger's Food really assists Nature by gradually restoring the weakened stomach to the stage at which it can undertake the digestion of more solid foods.

Benger's Food is sold in Tins, and can be obtained through most wholesale druggists and leading drug stores.

MALTINE

With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

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SAL HEPATICA

The Original Effervescing Saline Laxative and Uric Acid Solvent.

A combination of the Tonic, Alterative and Laxative Salts similar to the celebrated Bitter Waters of Europe, fortified by the addition of Lithia and Sodium Phosphate.

It stimulates the liver, tones intestinal glands, purifies alimentary tract, improves digestion, assimilation and metabolism. Especially valuable in

RHEUMATISM, GOUT, BILIOUS ATTACKS AND CONSTIPATION

Most efficient in eliminating toxic products from intestinal tract or blood, and correcting vicious or impaired functions.

WRITE FOR SAMPLES.

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BROOKLYN-NEW YORK.

Publisher's Department

Says a prominent physician "fat is the food that furnishes body heat." In the far north the Eskimo lives almost entirely on "blubber" or fat from the whale and walrus. Fat pork is the chief article of diet all through the cold lumbering regions. Beef fat, mutton fat, pork and bacon, fish fat, all furnish a protection against cold by producing heat in the body.

Fish fat, the most digestible of all fats, the most easily changed into body heat, is especially good. Fat from codfish is unequalled in these respects. Cod Liver Oil, so famous as a food for thin persons and consumptives, is simply fat squeezed out of cod fishes' livers. When taken in the form of Scott's Emulsion, the standard preparation, it brings new heat, which is new life. Weak throats and lungs find protection from winter's cold in the warmth and strength Scott's Emulsion brings.

Distilled hamamelis has become an important article of commerce, being finally employed in immense amounts by the profession of medicine. It has crept into home use, the laity becoming acquainted with its name and its asserted qualities. To-day, after practically four decades have passed, distilled hamamelis stands firmly intrenched as one of the most largely used remedies in America, and that, too, in the face of such authority as Drs. John Marshall and H. C. Wood, of Philadelphia, who, in 1886, gave hamamelis a strenuous scientific laboratory investigation, and decided that there was nothing in the distillate.—John Uri Lloyd, M.D., Cincinnati, Dec., 1908.

Miss Margaret A. MacBride, of Montreal, Canada, a graduate of the Mary Fletcher Hospital, Burlington, Vt., and Member of the Canadian Nurses' Association, and also a graduate in Mechano-Therapy of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa., has been appointed Teacher in Massage to the Nurses in the Mount Royal Sanatorium, Montreal, Can.

To Nurses who desire to learn all branches of Mechano-Therapy the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa., offers exceptional opportunities to gain a thorough knowledge in these branches. To keep apace with the newest inventions and methods investigated this Summer abroad by our superintendent and one of our instructors new apparatus has been imported, especially for the treatment of spinal curvature and other deformities, the instruction has been thoroughly revised and the staff of instructors has been increased. Thorough lectures and quizzes on Anatomy, Physiology and Pathology by physicians of the staff. Demonstrations and Instruction in the use of all mechanical apparatus. Large clinical material at the Institute as well as at several hospitals where students are sent. The Winter Courses open on January 14, '09. For particulars and illustrated prospectus address Max J. Walter, Supt.

Dr. Gudrun Holm, of New York City, has just opened a school of medical gymnastics and massage with a view to

KEPHYR

"Soured milk, because of the lactic acid in it, can impede the putrefaction of meat."—Metchnikoff.

"As lactic fermentation serves so well to arrest putrefaction in general, why should it not be used for the same purpose within the digestive tube."—Metchnikoff.

"The action of Kephyr in preventing intestinal putrefaction depends on the lactic acid bacilli which it contains."—Metchnikoff.

"Metchnikoff believes that the inherited structure of the human large intestine and the customary diet of civilized man are specially favorable to the multification of a large number of microbes that cause putrefaction. The avoidance of alcohol and the rigid exclusion from diet of foods that favor putrefaction, such as rich meats, and of raw or badly cooked substances containing microbes, do much to remedy the evils. But the special introduction of the microbes which cause lactic fermentation has the effect of inhibiting putrefaction. By such measures Metchnikoff believes that life will be greatly prolonged and that the chief evils of senility will be avoided."—P. Chalmers Mitchell.

Kephyr is sterilized cow's milk that has undergone special fermentation through the introduction of a mushroom, called Kephyr-seed, or Dispora Caucasia, and a yeast, Saccharomyces Cerevisiae. One of these ferments affects the lactose, and produces lactic and carbonic acids and a small amount of alcohol; the other acts on the albuminoid substances, on the casein in particular, which latter undergoes partial precipitation and digestion, producing both peptones and propeptones.

Physicians are prescribing Kephyr with great benefit in cases of Anaemia, Chlorosis, Tuberculosis, Kidney and Liver diseases, and affections of the stomach and intestines. Professor Hoppe, M.D., of Basel, Switzerland, says: "Kephyr is Milk and Wine at the same time." It is specially beneficial in building up the strength after acute illness, such as Typhoid Fever, Inflammation of the Lungs, and all infectious diseases, and after grave operations.

Kephyr is similar to Buttermilk in taste and appearance; it is, however, very different, being prepared along scientific lines, and is more nutritious, as it contains all the butter fat of Whole Milk.

Kephyr can be used quite freely and at any time.

The following comments from Toronto Physicians are used by permission.

"I have had the opportunity of ordering for several patients Pumer's Swiss Kephyr, and they have found it uniformly satisfactory for the purpose for which it was prescribed."—Dr. W. H. B. Aikins.

"Regarding Mrs. Pumer's Kephyr, I am acquainted with the article, and consider it the best that I have been able to obtain."—Dr. W. P. Caven.

"I have used Mrs. Pumer's Kephyr in my practice with very good results. It is of fine quality, and the best thing of its kind I have seen."—Dr. A. H. Garratt.

"I have no hesitancy in stating that Kephyr is a valuable preparation. In evidence, I have recommended it twice to-day, once to a Physician."—Dr. John B. Hall.

"It is certainly a most excellent food (Kephyr) and it differs very largely from Koumis, being a different ferment. I know Mrs. Pumer, and she is thoroughly reliable in this regard."—Dr. Edmund E. King.

"Mrs. Pumer makes an excellent preparation of Kephyr. I am able to say so, having made trial of it in my own family, and those patients to whom I recommended it were highly pleased with the article."—Dr. W. J. Wagner.

We are preparing Kephyr daily at our Dairy, under the direction of Mrs. F. Pumer, of Zurich, Switzerland.

Price per Pint Bottle, 15c, or 3 Milk Tickets.

Daily Delivery throughout the City

Phone College 2040. **Spadina Crescent**

City Dairy Company, Limited

awaken interest in the Swedish system. The course is a practical, as well as theoretical training in manual therapy. The school keeps a registry of masseurs and masseuses.

If there is one particular feature which characterizes the genuine influenzal attack, it is the decided and sometimes intense prostration that remains after the subsidence of the acute symptoms of the disease. This general vital "set back" is oftentimes entirely out of proportion to the severity of the original grippal attack, and the most robust patients are sometimes the most severely prostrated. In addition to the general devitalization, La Grippe is extremely likely to be accompanied with or followed by such troublesome complications as otitis, neuritis, sinus inflammation, gastro-intestinal derangements, resistant and obstinate bronchial catarrhs and, more dangerous than all, a peculiar, more or less characteristic, asthenic, form of lobular pneumonia. The skill of the physician and the vital resistance of the patient are often taxed to the utmost in a combined effort to induce final recovery. Anemia, to some degree, is almost always brought about by the combined devitalizing power of the disease and its complications, and convalescence is likely to be tardy and tedious. An easily borne, readily assimilable hematinic does much to hasten recovery and Pepto-Mangan (Gude) is an especially eligible method of introducing the much needed ferric and manganic elements, without producing or increasing digestive difficulty.

The Central Registry of Nurses

Beg to inform the Physicians of Ontario that they are prepared to furnish private and visiting nurses at any hour—day or night.

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REGISTRAR
Graduate Johns Hopkins Hospital

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Such as those made to order by

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are the best that skilful workmanship can produce.

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A GOOD MEDIUM FOR ADVERTISING

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JANUARY AND FEBRUARY SALE

SEND FOR OUR JANUARY AND FEBRUARY SALE CATALOGUE TO-DAY.

SALE STARTS JANUARY 2nd AND ENDS FEBRUARY 28th. SEND YOUR ORDER IN EARLY.

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